Coventry City Council

Agenda

Coventry Health and Well-being Board

Time and Date
2.00 pm on Monday, 14th January, 2019

Place
Diamond Room 2 - Council House

Public Business

1. **Welcome and Apologies for Absence**

2. **Declarations of Interest**

3. **Minutes of Previous Meeting** (Pages 5 - 16)

    (a)   To agree the minutes of the meeting held on 8th October, 2018

    (b)   Matters Arising

4. **Chair's Update**

    The Chair, Councillor Caan will report at the meeting

Development Items

5. **Joint Strategic Needs Assessment Update and Health and Wellbeing Strategy Refresh** (Pages 17 - 22)

    Report of Liz Gaulton, Director of Public Health and Wellbeing

6. **Coventry and Warwickshire Place Forum and Year of Wellbeing** (Pages 23 - 26)

    Report of Liz Gaulton, Director of Public Health and Wellbeing

7. **Health and Wellbeing Strategy Update: Multiple Complex Needs Programme Progress Update** (Pages 27 - 30)

    Report of Chief Superintendent Mike O'Hara, West Midlands Police and Chair of the Coventry Multiple Complex Needs Board

8. **Better Health, Better Care, Better Value Programme Update** (Pages 31 - 38)

    Report of Rachael Danter, Programme Director, Better Health Better Care Better Value

    Andy Hardy, University Hospitals Coventry and Warwickshire (UHCW) will report at the meeting

9. **Prevention Concordat for Better Mental Health** (Pages 39 - 46)

    Report of Liz Gaulton, Director of Public Health and Wellbeing

Governance Items

10. **CAMHS Local Transformation Plan: Year 3 Refresh** (Pages 47 - 138)

    Report of Matt Gilks, Director of Commissioning, Coventry and Rugby Clinical Commissioning Group (CCG)

    Andrea Green, Coventry and Rugby CCG, Simon Gilby, Coventry and Warwickshire Partnership Trust and John Gregg, Director of Children's Services will report at the meeting

11. **2017/18 Annual Reports of the Coventry Safeguarding Children and Adults Boards** (Pages 139 - 168)

    Reports of Rebekah Eaves, Safeguarding Boards Business Manager

12. **Care Quality Commission (CQC) Local System Review - Improvement Plan Progress** (Pages 169 - 208)

    Report of Pete Fahy, Director of Adult Services

13. **Any other items of public business**

    Any other items of public business which the Chair decides to take as matters of urgency because of the special circumstances involved

Private Business
Nil

Martin Yardley, Executive Director, Place, Council House Coventry

Friday, 4 January 2019

Note: The person to contact about the agenda and documents for this meeting is Liz Knight Tel: 024 7683 3073   Email: liz.knight@coventry.gov.uk

Membership: Cllr F Abbott, S Banbury, Cllr K Caan (Chair), G Daly, R Danter, Cllr G Duggins, L Gaulton, S Gilby, A Green, A Hardy, R Light, J Mason, C Meyer, M O'Hara, G Quinton, S Raistrick, M Reeves, Cllr P Seaman, R Stanton and Cllr K Taylor

Please note: a hearing loop is available in the committee rooms

If you require a British Sign Language interpreter for this meeting OR it you would like this information in another format or language please contact us.

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Coventry City Council
Minutes of the Meeting of Coventry Health and Well-being Board held at 2.00 pm
on Monday, 8 October 2018

Present:

Board Members: Councillor Abbott
                  Councillor Caan (Chair)
                  Councillor Duggins
                  Councillor Seaman
                  Stephen Banbury, Voluntary Action Coventry
                  Professor Guy Daly, Coventry University
                  Liz Gaulton, Director of Public Health and Wellbeing
                  Simon Gilby, Coventry and Warwickshire Partnership Trust
                  Andrea Green, Coventry and Rugby CCG
                  Ruth Light, Coventry Healthwatch
                  Professor Caroline Meyer, Warwick University
                  Mike O'Hara, West Midlands Police
                  Gail Quinton, Deputy Chief Executive (People)
                  Dr Sarah Raistrick, Coventry and Rugby CCG
                  Richard Stanton, West Midlands Fire Service

Other representative: Jenni Northcote, Coventry and Rugby CCG

Employees (by Directorate):

Place: L Knight

People: D Dawson
                  P Fahy

Apologies: Councillor Taylor
                  Rachael Danter, NHS England
                  Andy Hardy, University Hospitals Coventry and Warwickshire
                  John Mason, Coventry Healthwatch

Public Business

12.   **Declarations of Interest**

      There were no declarations of interest.

13.   **Minutes of Previous Meeting**

      The minutes of the meeting held on 2nd July, 2018 were signed as a true record.
      There were no matters arising.

14.   **Richard Stanton**

      The Chair, Councillor Caan, welcomed Richard Stanton, the new Operational
      Commander for Coventry and Solihull at West Midlands Fire Service, who was
      attending his first formal meeting on the Board.

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15.   **Chair's Update**

The Chair, Councillor Caan informed the Board that work was underway to develop a new place-based Joint Strategic Needs Assessment (JSNA). Eight localities and one city wide had been approved by the Steering Group which were based on the city's Family Hub areas. Plans were in place to deliver a data profiling tool and pilot based JSNA in two localities by March 2019. The work would inform the development of a new Health and Wellbeing Strategy for the city and a report on the Strategy was to be submitted to the January meeting of the Board.

Councillor Caan reported on his membership of the West Midlands Wellbeing Board and his speech at a network for Place-based Leadership for Health and Wellbeing in the West Midlands the previous month concerning the Board's work through the Place Forum to upscale the prevention activity across the local health and care system. He also referred to the launch of the Refill project in partnership with Severn Trent at the end of August whereby people could fill up reusable water bottles for free at participating local businesses.

Councillor Caan reported that new cricket pitches were being created in Coventry parks and open spaces in a partnership between the City Council and the England and Wales Cricket Board. Seven non turf cricket pitches and a five lane cricket net facility were to be developed in local parks across the city in the build up to the European City of Sport. Reference was also made to the LGA Peer Review that was taking place at the Council that week.

16.   **Better Care Fund Plan - Update**

The Board considered a report of the Director of Adult Services which set out the progress against the Better Care Fund (BCF) Plan and informed of changes to BCF requirements.

The report indicated that the fund remained the primary tool to deliver integration of health and social care. The total value of the 2017-19 pooled budget was £179.502m, made up of £63.897m of City Council resource and £115.605m of CCG resource covering this 2 year period. The additional funding enabled investment in a number of initiatives intended to reduce system demand and improve patient flow. The governance arrangements required oversight by the Board.

The report provided detailed information on the last four quarter statistics for the planned activity against all the metrics included in Coventry's BCF Plan. The performance reflected the national picture with improved performance in Delayed Transfer of Care (DToC) and residential admissions and the continued challenges to reduce non-elective admissions. Further information was provided on the High Impact Change Model introduced to reduce DToC, in particular, the performance of the eight system changes. The position was generally in line with other areas in that seven-day service, trusted assessors and focus on choice presented particular challenges. These areas, however, were now progressing.

The Board were informed that delivery of the BCF Plan had resulted in a number of significant and positive shifts in bringing together health and social care, including the implementation of the Red Bag Scheme.

The report referred to the Department of Health and Social Care new 'Integration and Better Care Fund Operating Guidance 2017-2019' published in July 2018, in particular the new challenging DToC expectations. Coventry was now expected to achieve 25.7 DToC per day. In June 2018 Coventry had an average of 31 patient delays each day, which highlighted the significant challenge the new target presented. The Coventry A and E Delivery Group had taken the approach to continue with progress against the High Impact Change Model and understanding in more detail the actual issues underpinning the delays rather than developing new plans.

The future of the Better Care Fund and the additional funding provided by the fund in the form of the iBCF grant to social services were uncertain and were linked to the spending review and the long-term funding of the NHS.

The Board discussed the potential for new money to deal with winter pressures and clarification was sought about the activity performance figures detailed in the report in relation to target variances.

RESOLVED that:

(1) The Better Care Fund performance against the national metrics be noted.

(2) The approach towards meeting the revised expectations as announced in July 2018 be supported.

17. **Care Quality Commission (CQC) Local System Review - Improvement Plan Progress**

The Board considered a report of the Director of Adult Services which summarised the progress against the improvement plan arising from the Care Quality Commission (CQC) Local System Review undertaken between December 2017 and March 2018. The system wide review had looked at the health and care for people aged 65 and over in Coventry. A copy of the Improvement Plan Progress Update was set out at an appendix to the report. The progress report enabled the Board to continue to maintain oversight of the plan.

The report indicated that progress against the plan was monitored by the Department of Health and Social Care (DHSC) through monthly telephone calls with the Director of Adult Services, the Deputy Chief Executive (People) and the Accountable Officer for Coventry and Rugby CCG. The Board noted that a number of these calls had been postponed or cancelled at the request of the DHSC and no concerns had been raised to date regarding Coventry's performance or progress.

The Board were informed that a representative from the DHSC would be attending their next Place Forum on 7th November with a view to observing, in action, how the Board were progressing health and care in the region. They would also provide a short session on the CQC review and a national perspective on key findings from other local system reviews.

Work on the improvement plan was due to be completed by March 2019 and system improvements would be embedded in programmes and activities thereafter. Good progress was being made on many of the actions, however some actions had slipped due to resourcing factors and capacity.

The report provided a brief summary of progress against the following themes:
Vision and strategy
Engagement and involvement
Performance, pace and drive
Flow and use of capacity
Market development
Workforce
Information sharing and system navigation.

Although good progress had been made, it was important that the completion of the improvement plan continued to enable the Board to sign off the plan in March 2019.

A request was made for a dash-board of data to provide the Board and members of the public with an understanding of how the system was working including dealing with winter pressures.

RESOLVED that:

(1) The progress made and the areas still to be addressed against the actions in the improvement plan arising from the CQC local system review be noted.

(2) The Board continue to maintain oversight of progress against the improvement plan at future meetings.

18. **Adult Social Care Annual Report 2017/18**

The Board considered a report of the Deputy Chief Executive (People) on the Adult Social Care Annual Report 2017/18 (Local Account) which detailed the performance of Adult Social Care and the progress made against the priorities for the year. It also provided specific examples of the operational activities to support service users and carers. The report was aligned around the Adult Social Care values and principles. A copy of the report was attached at an appendix to the report. The report had already been considered by the Health and Social Care Scrutiny Board (5) at their meeting on 19th September and by Cabinet at their meeting on 2nd October.

The report indicated that it was considered good practice to produce an annual report as it provided the opportunity to be open and transparent about the success and challenges facing Adult Social Care and to highlight what was being done to improve outcomes for those who came into contact with Adult Social Care. The Annual Report had been structured around the ten themes that contributed to the Adult Social Care vision and provided a commentary on what had been done to make progress against each of the themes.

The production of the report had drawn on feedback and information gathered over the year from a range of sources including social care staff, Partnership Boards, Adult Social Care Stakeholder Reference Group, providers and people that had been in contact with Adult Social Care.

Some of the key improvements delivered in 2017/18 included:
i) A new facility offering a purpose built specialist Housing with Care Scheme for people either living with dementia or with a cognitive impairment – a new approach enabling people to live independently in a safe environment.
ii) The introduction of a new home support framework from June 2017 which aimed to improve quality and performance and has led to a reduction in waiting times for services.

Some of the key challenges being addressed included:
i) Increasing demand for services resulting from an aging population with the number of over 85s being expected to grow by 22% in the next ten years.
ii) The increasing costs of care as a result of external factors including the National Living Wage and the complexity of the care needs that people are experiencing.
To address these challenges, improvements were being made to the approach to promoting independence and to the experience at initial contact.

Councillor Abbott, Cabinet Member for Adult Services outlined her support for the report which highlighted good examples of partnership work.

RESOLVED that the Adult Social Care Annual Report 2017/18 be noted.

19. **2017/18 Director of Public Health's Annual Report**

The Board considered a report and presentation of the Director of Public Health and Wellbeing concerning her Annual Report for 2017/8 'Healthier for Longer, Securing Healthy Futures for our Communities', a copy of which was set out at an appendix to the report. The report included recommendations for health and wellbeing partners across Coventry. The report was a statutory report produced each year. This year the report focused on healthy aging and the health of older people. It had been produced in partnership with Adult Social Care.

Information was provided on the health of Coventry's older population, with the city having an estimated 50,400 residents aged 65 and over. The population of those over the age of 75 was projected to increase by nearly 50% over the next 20 years. Reference was made to the gap between healthy life expectancy and life expectancy. In Coventry men could expect to live just over a fifth of their lives in poor health whilst women could expect to live almost a quarter of their lives in poor health.

The annual report took the opportunity to highlight the importance of prevention and early intervention in promoting good health in later years, and managing the demand for health and social care services. The Board noted that Coventry was still behind the England average on many healthy behaviours and risk factors.

The report highlighted activities across the city to promote good health and prevent ill-health across all age groups to support increases in healthy life expectancy which included:

a) Tackling loneliness and social isolation
b) The new Healthy Lifestyles Coventry services commissioned by the Public Health team
c) Supporting those at risk of fuel poverty
d) Interventions from the Adult Social Care team to promote early help and maintain independence
e) Reducing delayed transfers from hospital

The report also highlighted the progress and commitment across health and wellbeing providers to make sure that residents received the right care when they needed it and in a way that met their needs and achieved their outcomes. Throughout the report there was a focus on an individual family and other members of the community to provide examples at living longer in good health.

The presentation provided information on aging in good health; what influenced healthy life expectancy; taking care of your body and mind; and the health and care services for the older population of Coventry. Attention was drawn to the recommendations of the Annual Report which were as follows:
Identify older people community assets
Promote community-based groups to combat social isolation
Encourage the further reduction of health inequalities including Marmot City
Increase the profile of ill health prevention
Improve immunisation rates through partnership working
Encourage co-design of services with older people
Design health and care pathways to deliver high quality care for older people.

The presentation concluded with an update on the recommendations from the 2016/17 Annual Report 'Shape Up Coventry, The Urgency of Promoting Healthy Weight Among Children and Young People'.

The Board discussed the implications of the Annual Report for the partner organisations, highlighting the importance of their integrated work. Reference was made to the importance of and the opportunities that will be provided by the Year of Wellbeing to be able to make a difference to people's healthy life expectancy. Other issues raised included the benefit of having indicators to measure progress; the benefits of the Fitness in the Parks initiative; and the importance of making the best use of community assets to combat social isolation. It was acknowledged that making the best use of communities and their assets would be fed into any strategies.

RESOLVED that:

(1) The content and recommendations of the 2017/18 Director of Public Health's Annual Report be noted.

(2) The dissemination of the report be supported.

(3) The actions proposed be endorsed.

20. **Coventry and Rugby CCG 2019/20 Commissioning Intentions and 2018/19 Annual Report**

The Board considered a joint report of Andrea Green and Matt Gilks, Coventry and Rugby CCG which provided an update on the 2018 Annual Report and the process to develop the 2019/20 Commissioning Intentions. Particular reference was made to performance against the NHS constitutional standards; updates to work programmes to enhance health and wellbeing and improve outcomes; and the process to developing a refreshed set of commissioning intentions following extensive engagement and feedback. A copy of the Annual Report Summary 2017/18 was tabled at the meeting.

The report indicated that the CCG's plans to improve the health and wellbeing of their local population for 2019/20 were set out in the context of ongoing and significant financial and clinical workforce challenges. These commissioning intentions had been developed in line with extensive engagement with clinicians, stakeholders and the public; the health needs of the local population as defined in the local Joint Strategic Needs Assessment; and national health deliverables for 2019/20.

The commissioning intentions would also set out the strategic direction for the CCG within the context of the local system, looking at ways for all health and care providers to work more closely together. To reflect the more collaborative approach, the CCG were working closely with Warwickshire North CCG and South Warwickshire CCG to develop commissioning intentions to benefit everyone across Coventry and Warwickshire.

The resulting refreshed commissioning intentions were published in September 2018 and had been divided into groupings based on the Better Health Better Care Better Value work streams as follows: primary care, out of hospital, maternity and paediatrics, urgent care, planned care, mental health and self-care. As part of the process, a full stocktake of progress against these priority work stream areas had been undertaken. The Board were informed that a summary of progress and key achievements to date were included in the commissioning intention documents.

Andrea Green provided an update on the CCG performance against NHS constitutional standards, which saw the CCG performing well on cancer waits for diagnosis and treatments. Two waiting time standards were not achieved – referral for treatment waiting times for non-urgent and A and E waiting times. She also provided the Board with an update on some of the achievements for the year which included improving the link between mental and physical health; a new scheme to help improve the detection and diagnosis of asthma; dementia pop up clinics to improve support for dementia sufferers and carers; the implementation of prescription ordering direct; educating parents on the importance of safe sleeping for babies; a second round of engagement for the redesign of stroke services; and new services for CAMHS.

Further information was provided on the commissioning intentions and key priorities. Joint working was now at the forefront, with the Health and Wellbeing Concordat and the Better Health Better Care Better Value programme providing building blocks for future system strategy. Services would be delivered locally, managed locally and planned locally through partnerships.

Members discussed the ability to deliver and meet future demand for CAMHS. The importance of partnership working to improve the system for young people was

emphasised, including working with the two universities as well as listening to the views of children and adolescents.

There was an acknowledgement of the importance of engaging and working with local communities including the hard to reach. The board discussed their role in helping to get the voice of the people heard. The need to share and use information was highlighted.

RESOLVED that:

(1) The progress being made to deliver the CCG 2018/19 commissioning intentions for Coventry be noted.

(2) The key messages from the 2018/19 Annual Report be noted.

(3) A report on the ongoing work of CAMHS be submitted to a future meeting of the Board.

21.   **Progress Update on Coventry's Marmot City Strategy 2016-2019**

The Board considered a report of Richard Stanton, West Midlands Fire Service and Co-Chair of the Marmot Steering Group, which provided an update on the progress made against the first priority of the Health and Wellbeing Strategy – working together as a Marmot City to reduce health and wellbeing inequalities.
A copy of the Action Plan detailing the progress and barriers to the individual actions was attached as an appendix to the report.

The report indicated that partners were continuing to work together on a number of project initiatives as part of the first two years of Coventry's Marmot City programme. In addition, for the following three years, the Marmot City priorities were tackling inequalities disproportionally affecting young people and ensuring that all Coventry people, including vulnerable residents, could benefit from 'good growth' which would bring jobs, housing and other benefits to the city.

An additional priority had recently been added to the Marmot City programme – the mitigation and prevention of poverty across the city. A working group had recently been set up to explore the issues and opportunities related to in-work poverty and worklessness.

The Board was informed that a Poverty Summit was currently being planned for 12th November, 2018 with Sir Michael Marmot attending as the key-note speaker. The intention was to provide an opportunity to bring together a range of stakeholders to discuss the key issues and identify new ways of working. A wide ranging and robust evaluation of the Marmot Programme in the city was also due to start in November and was expected to take 6-9 months to complete.

The Board noted that there remained strong commitment to the Marmot programme from the City Council and its partners on the Steering Group. The action plan was currently being revised to reflect new projects and the new theme of poverty in the city. The plan showed delivery up to the end of quarter four for 2017/18 demonstrating progress against the programme indicators through a range of projects including:

- 187 young people with disabilities or health problems accessing Ambition Coventry work coaches (against a target of 170)
- 254 young people supported by Ambition Coventry into employment, education or training (against a target of 214)
- 392 new clients accessing CRASAC's counselling service and helpline, aged 25 and under (against a target of 183)
- 982 people supported into employment by the Coventry Job Shop (against a target of 1200)
- Coventry and Warwickshire Chamber of Commerce working with local businesses to address issues around domestic violence and its impact on the workplace

The report also highlighted the next steps for the Marmot Group.

The Chair, Councillor Caan, encouraged members to attend the Poverty Summit. Reference was made to the opportunity for partners to work together avoiding duplication of work.

RESOLVED that:

(1) The progress to date against the Marmot Action Plan be endorsed.

(2) Further progress updates from the Marmot Steering Group be submitted to future Board meetings every six months.

22.   **Coventry and Warwickshire Place Forum and Year of Wellbeing**

The Board considered a report and presentation of Liz Gaulton, Director of Public Health and Wellbeing which provided an update on the outcomes of the last Place Forum meeting held on 16th July and informed of the plans for the next Forum meeting on 7th November. It also outlined the delivery profile for the Year of Wellbeing 2019 which was to be signed off and launched at the next Place Forum meeting.

The report indicated that at the July meeting the Forum had endorsed the refreshed Concordat and system design; agreed a high level plan for the Year of Wellbeing; and noted updates on Integrated Care Systems and the Better Health, Better Care, Better Value programme. The Forum agreed a series of actions as part of the Place Plan, further details of which were set out in an appendix to the report. Significant progress had been made and the Place Plan would be continually reviewed and updated as the work of the Forum developed.

The focus for the November Forum meeting was preparations for the Year of Wellbeing; progressing the place-based JSNA rollout; embedding prevention and early intervention in other areas; and developing an outcome framework and performance dashboard. Proposed agenda items were set out. The meeting was to be facilitated by John Bewick from the Local Government Association who was supporting work on the Upscaling Prevention pilot programme.

The report highlighted that the Year of Wellbeing 2019 was a key deliverable for the Place Forum and the current focus of the proactive and preventative work.

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Significant progress had been made since the last Place Forum including the development of a logo and branding; a communications strategy had been drafted; and training has been delivered to a cohort of wellbeing champions with further training planned. 'Prevention Matters' training was also being arranged for elected members from Coventry and Warwickshire. A delivery profile for the Year of Wellbeing had also been developed and this was set out at a second appendix to the report. This would evolve as further pledges of support were received.

The presentation focused on the outcomes of the July Place Forum including the agreed actions and included a progress and timeline for the Year of Wellbeing.

The Chair, Councillor Caan referred to the significant opportunities presented by the Year of Wellbeing.

RESOLVED that:

(1) The outcomes of the Place Forum meeting held on 16th July, 2018 be noted.

(2) The proposed agenda items for the Place Forum on 7th November, 2018 be noted.

(3) The delivery profile for the Year of Wellbeing be submitted to the Place Forum meeting on 7th November for sign off and launch.

23.   **Better Health, Better Care, Better Value Programme Update**

The Board considered a report of Rachael Danter, Programme Director Better Health, Better Care, Better Value which provided an update on the Better Health, Better Care, Better Value programme and workstreams.

The report referred to the Integrated Care System highlighting that the twelve week development programme offered to all localities across the West Midlands providing support for senior leaders and their teams had now concluded. The draft plan which started to identify what actions would be required to allow Coventry and Warwickshire STP to reach Shadow Integrated Care System status was presented to NHS England on 24th August and formal status was awaited. The plan would continue to be developed and would be circulated in due course.

The report set out progress with the following transformational and enabling programmes of work:

Transformational
Proactive and Preventative
Maternity and Paediatrics
Mental Health and Emotional Wellbeing
Planned Care
Productivity and Efficiency
Urgent and Emergency Care

Enabling
Estates

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Digital Transformation
Workforce

The report indicated that a separate work programme had been set up for cancer which included primary care and prevention; rapid access/ diagnostic pathways; living with and beyond cancer; waiting time standards; and radiotherapy.

Reference was made to the review of Stroke Services in Coventry and Warwickshire. Programme leads participated in next stage NHS England Assurance Panel on 25th May. They assessed that the programme had partially met the requirements but further work and evidence was required prior to being ready for consultation. Additional evidence was needed for workforce planning, 'stress testing' the proposals for times of peak demand on hospitals and confirmation from the West Midlands Clinical Senate that their recommendations from their comprehensive review in 2016 had been met. A meeting was held with the Clinical Senate in July and the Senate were assured that the recommendations had been actioned. The next NHSE Assurance Panel was expected to take place in November.

The preferred option was for a centralised centre of excellence at UHCW for the immediate stages after having a stroke, the hyper cute and acute stages. The three CCGs held four public engagement events during September to gather views on the stroke rehabilitation services. They were now bringing together a group of experts and interested individuals/ organisations, including patients, carers, Councillors, Healthwatch and the Stroke Association, to listen to feedback and help to assess the proposals for stroke rehabilitation services.

The Board discussed the promotion of Suicide Prevention Day in September and the plans for an engagement event to be held at Coventry Rugby Club on World Mental Health Day on 10th October. This would update on the programme plans and progress and was aimed at service users, partners and other stakeholders. Further discussion centred on the role of the Board to provide democratic accountability for the work for the different strategies.

RESOLVED that the content of the report be noted.

24.   **Local Government Association Green Paper 'The Lives We Want to Lead' - Response to Consultation**

The Board considered a report of Pete Fahy, Director of Adult Services and Councillor Faye Abbott, Cabinet Member for Adult Services concerning the Local Government Association (LGA) Green Paper for Adult Social Care and Wellbeing 'The Lives We Want to Lead' setting out the Council's response to the paper, a copy of which was set out at an appendix to the report. The report had been considered by Cabinet at their meeting on 2nd October, 2018.

On 31 July 2018 the Local Government Association (LGA) launched its own green paper for adult social care and well-being for consultation. The publication of this paper was as a result of the Government's recent decision to delay its long-awaited green paper on Adult Social Care until the autumn.

Important issues were raised in the consultation in terms of the role of Adult Social Care in helping people live the life they want to lead and how this was funded. These issues affected all stakeholders in Adult Social Care and it was important that the City Council contributed to the national debate on these issues. It was particularly important in the context of resourcing challenges facing Adult Social Care. The short term funding arrangements from central government currently in place through the Better Care Fund and improved Better Care Fund would come to an end in 2020/21.

As well as the issue of achieving sustainability in Adult Social Care much of the consultation sought views on the role of local government in improving the well-being of its population. The responses given emphasised that local government was fundamental to achieving this goal. This needed to be considered in the wider role of local government by including public health, housing and leisure.

Throughout the consultation response, and to demonstrate the points made, examples had been provided of work underway in Coventry that demonstrated the progress being made to improve well-being. These examples included the Health and Wellbeing Concordat, Year of Wellbeing, the work on improving Delayed Transfers of Care and the Community Promoting Independence programmes.

Councillor Abbott, Cabinet Member for Adult Services, highlighted the problems associated with the funding of Adult Social Care and the need for a long term funding solution. The Board discussed the importance of the work of the voluntary organisations, the churches, the community groups and all the carers in the city who all supported Adult Social Care in the city.

RESOLVED that the Council's response to the Local Government Association Green Paper 'The Lives We Want to Lead' be noted.

25. **Any other items of public business**

There were no additional items of public business.

(Meeting closed at 3.55 pm)

Coventry City Council

Report

To: **Coventry Health and Wellbeing Board**   Date: **14 January 2019**

From: **Liz Gaulton, Director of Public Health and Wellbeing**

Title: **Joint Strategic Needs Assessment Update and Health and Wellbeing Strategy Refresh**

1   Purpose

This paper updates the Board on progress with the place-based Joint Strategic Needs Assessment and informs about the process for development of a refreshed Joint Health and Wellbeing Strategy.

2   Recommendations

The Health and Wellbeing Board is asked to:

1. Note progress in the development of a place-based JSNA for Coventry; and
2. Endorse the proposed approach to developing a refreshed Joint Health and Wellbeing Strategy.

3   Background

The production of a Joint Strategic Needs Assessment (JSNA), along with a Joint Health and Wellbeing Strategy (HWBS), is a statutory requirement placed upon the Health and Wellbeing Board (HWBB) under the Health and Social Care Act 2012.

Government guidance states that the core aim of the JSNA and HWBS is to develop local evidence-based priorities for commissioning local services which will improve the health of residents and reduce inequalities. The HWBS translates the JSNA findings into clear priority outcomes which help to determine what actions local authorities, the local NHS and other partners need to take to meet health and social care needs, and to address the wider determinants that impact on health and wellbeing. CCGs' and local authorities' plans for commissioning services are expected to be informed by the JSNA and HWBS.

A new place-based JSNA is being developed in Coventry for the period 2019 to 2022 to help partners understand needs and assets at a local level. The refreshed Health and Wellbeing Strategy will translate the emerging JSNA findings into priorities for what the Board – through its members and wider partners - wants to achieve over the next three years.

It is being developed in the context of an emerging Integrated Care System for Coventry and Warwickshire and with reference to the Coventry and Warwickshire Health and Wellbeing Concordat and system design.

4 JSNA Update

4.1 Approach

The Health and Wellbeing Board agreed to take a place-based approach to the JSNA, based around the 8 family hub geographies. This reflects both national policy direction towards population-based health and care systems (based on populations of 30-50k) and a sub-regional move in Warwickshire towards a place-based approach.

The JSNA is being used as a vehicle for engaging and involving local partners and stakeholders, to give more in-depth understanding of the assets and needs of geographical areas within the City and support programmes and strategies which are founded on community resilience and service delivery at locality level. The process involves the collection of 'hard' evidence from data sources, as well as consultation with local stakeholders - organisations and individuals - to understand the key issues facing local communities.

4.2 Progress

Work is now underway to develop:
- a data profiler tool and citywide intelligence hub;
- a citywide JSNA profile; and
- two place-based profiles, initially:
    - Families for All (Foleshill); and
    - The Moat (Moat House).

The data profiler tool will store and display data for any geography. Together with qualitative data gathered from engaging with local organisations and communities, the Insight Team expects to have a citywide intelligence hub ready by Spring 2019 to provide the evidence base to inform the Joint Strategic Needs Assessment.

A high level, citywide JSNA profile is under development and will be completed by April 2019 to inform the Health and Wellbeing Strategy. This will particularly pick up issues that affect communities of interest that would not come out from a place-based focus, for example issues that affect population groups that are dispersed across the city.

Work has also progressed on two place-based JSNA profiles, Families for All and The Moat. These areas were selected because of existing activity and emergent place-based partnership working in the localities, where JSNA engagement will add value and help cement new ways of working across a range of initiatives. The two areas are markedly different and will therefore provide new insights and help us to learn about working in a place-based way in different areas.

An engagement workshop was held at the end of October with a wide range of partners and stakeholders interested in supporting the development of the JSNA, including representatives from the Foleshill and Moat House areas. This was an opportunity to gather intelligence about what evidence already exists, what existing networks and engagement activities we can tap into and where there are gaps. This provided a rich body of information to inform the JSNA development.

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Work has also been undertaken to identify existing strategies and intelligence, so that effort is focused on addressing gaps rather than duplicating existing work.

4.3 Next steps

As work on the data profiler tool / citywide intelligence hub progresses, the JSNA Steering Group will be asked to identify analysts in other areas, including the CCG, Hospital and Partnership Trust, to join the working group to augment the dataset in January/February.

JSNA profiles for the remaining family hub areas of the city will be developed on a staged basis over two years, drawing on the learning from the initial place-based JSNA profiles.

5 Health and Wellbeing Strategy

5.1 Overview

Work is now underway to refresh the Coventry Health and Wellbeing Strategy (HWBS). An officer steering group has been established, including representatives from the JSNA officer group, and the group met for the first time in December 2018.

The outline process and timeline for this work is shown in the diagram below.
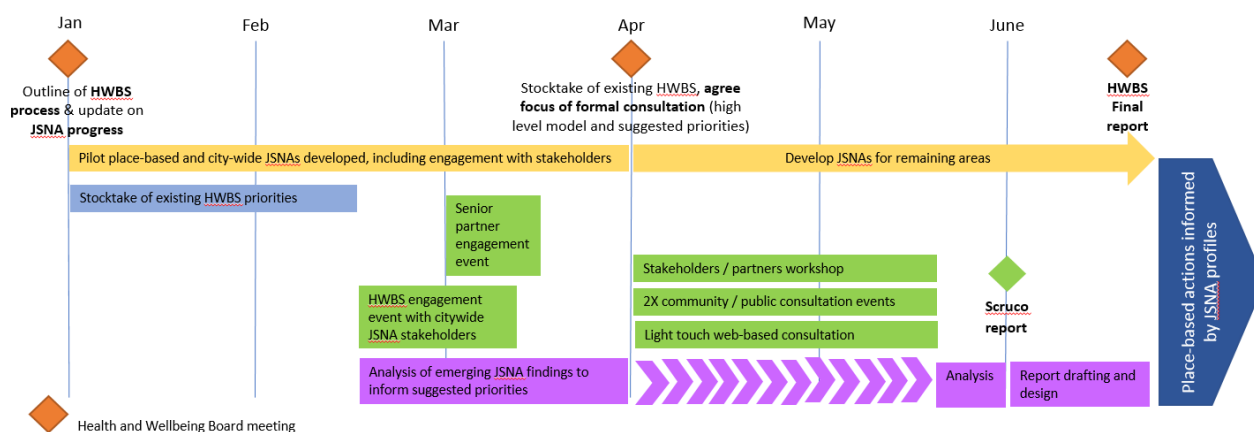
5.1 Learning from the Health and Wellbeing Strategy 2016-19

The starting point in developing the revised HWBS will be to look at the impact of the three priorities in the existing Health and Wellbeing Strategy 2016-19:

- Working together as a Marmot City: reducing health and wellbeing inequalities
- Improving the health and wellbeing of individuals with multiple complex needs; and
- Developing an integrated health and care system that provides the right help and support to enable people to live their lives well

Both the Marmot and Multiple Complex Needs programmes are being evaluated formally and comprehensively; however, for the purposes of the HWBS development we will prepare a light touch stocktake of key outcomes for each of the three priorities and recommended next steps, to inform the revised Strategy. Wider lessons learnt about the format and implementation of the Strategy within an evolving health and social care context will also be identified.

5.2 Proposed approach

The King's Fund have recently published *A vision for population health: Towards a healthier future*, which outlines a framework for population health centred on four pillars (see diagram below). Their proposition is that an effective population health system needs to recognise and maximise the activity in the overlaps between the pillars, as well as develop activity in, and rebalance activity between, the four pillars themselves.

This could provide a helpful framework for exploring the potential future health and care priorities for Coventry. A workshop for Health and Wellbeing Board members and other senior partners is being planned for early March to test out the model and its relevance for Coventry as a way of reviewing the value of existing activity and identifying gaps and priorities.

Figure 11 A population health system that recognises and maximises the activity in the overlaps between the pillars
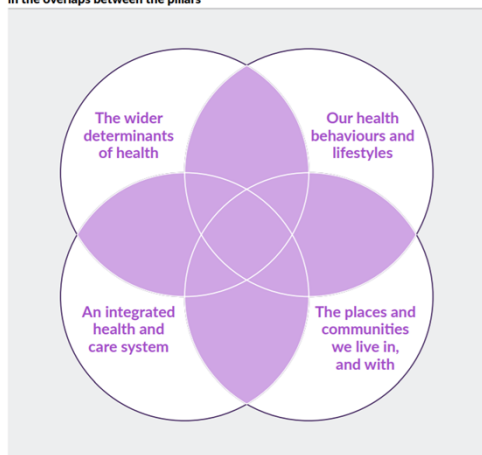
A Vision for population health – Towards a healthier future, D. Buck, A. Baylis, D. Dougall and R. Robertson, The King's Fund, November 2018

5.3 Consultation and engagement

It is intended that the consultation and engagement process for the HWBS will be an extension of the engagement activity that is integral to the JSNA approach.

We will go back to JSNA city-wide stakeholders in early March with feedback on the early JSNA findings and to test emerging priorities for the HWBS. This will be followed by a light touch public consultation process on the HWBS priorities, including further workshops with stakeholders and opportunities for online and face-to-face public consultation. It is also intended to consult with overview and scrutiny.

6   Conclusion

The production of a Joint Strategic Needs Assessment (JSNA), along with a Joint Health and Wellbeing Strategy (HWBS), are key activities for the Health and Wellbeing Board as it seeks to shape local health and wellbeing and exercise strategic influence over local commissioning decisions. It is important that all members of the Board are engaged with this process and able to contribute to the outcomes.

At the next meeting of the Board in April, members will receive:

- Initial findings from the city-wide and first two place-based JSNAs

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- Details of the lessons learnt from the stocktake of the existing HWBS
- Feedback from early engagement with senior partners and citywide stakeholders on the HWBS priorities
- High level outline of model and suggested HWBS priorities, for public consultation.

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Coventry City Council

To: Coventry Health and Wellbeing Board   **Date: 14 January 2019**

From: Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Title: Coventry and Warwickshire Place Forum and Year of Wellbeing

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1   Purpose

This paper updates the Health and Wellbeing Board on the outcomes of the Place Forum meeting on 7 November and informs Board members about plans for the 6 March meeting of the Place Forum.

It also updates the Board on the programme for the Coventry and Warwickshire Year of Wellbeing 2019.

2   Recommendations

The Health and Wellbeing Board is asked to:

1. Note the outcomes of the Place Forum meeting held on 7 November;
2. Note the outline agenda for the Place Forum on 6 March; and
3. Note progress in delivering the Coventry and Warwickshire Year of Wellbeing 2019.

3   Background

Coventry and Warwickshire's Health and Wellbeing Boards met as the 'Place Forum' on 7 November 2018 in One Friargate, Coventry. This was the fourth joint meeting, with over 40 members of the Health and Wellbeing Boards attending. The collaboration has matured over the past year to the extent that these joint development sessions are now routine.

The main aims of this session were to:
- endorse the vision and high level plan for the Year of Wellbeing;
- develop an outcome framework to show how the Place Forum is adding value in delivering the Concordat; and
- update each other on changes affecting the Place Forum including the CQC local system review in Coventry, Transforming Care, and moving towards an Integrated Care System.

4. Outcomes of November Place Forum

At the meeting on 7 November, the Place Forum:

- endorsed the vision and high-level plan for the Year of Wellbeing and supported the principle of making the branding freely available for use as widely as possible (with appropriate guidance). It was agreed to circulate details and indicative costs of specific proposed activities to secure further commitment of resources from partners to support delivery

- supported the high level approach outlined in the draft outcome framework, aligned to the system outcomes identified in the Health and Wellbeing Concordat (healthy people, strong communities and effective services), but identified where further development was needed. It was also agreed to report Year of Wellbeing measures separately.

- recognised the value of sharing updates and learning in a system-wide approach, and the need for a greater focus on prevention and early intervention.

The following actions were also agreed as part of the Place Plan (see appendix 1):

- Progress plans for the Year of Wellbeing and secure resources from partners.
- Further develop the outcome framework, with support from local universities and other partners.
- Continue to update each other on changes which impact on the work of the Place Forum, including ICS and the STP.

5. Place Forum 6 March 2019

The focus of partner activity up to the next Place Forum meeting is on the following areas:
- supporting the launch of the Year of Wellbeing and using the branding
- supporting the development of the outcome framework
- keeping each other updated on changes which impact on the work of the Place Forum.
- continuing to embed prevention and early intervention in other areas
- progressing the place-based JSNA roll-out.

At present, the outline agenda for 6 March meeting includes:

- Thrive at Work briefing – focusing on the workforce wellbeing theme of the Year of Wellbeing
- Overview of community development and engagement programmes, including progress with JSNAs and lessons emerging from the evaluation of community capacity pilots in Coventry
- Revised outcomes framework
- Updates and briefings on key developments impacting on the Place Forum, including the 10 year plan for the NHS.

John Bewick will continue to facilitate meetings of the Place Forum during 2019. It is intended that one of the Year of Wellbeing themes will be taken as a focus for each of next year's meetings.

6. Year of Wellbeing

The Year of Wellbeing 2019 is a key deliverable for the Place Forum and the current focus of proactive and preventative work in Coventry and Warwickshire. This is intended as the first Year

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of a new approach, working collaboratively to raise the profile of prevention, early intervention and self-care.

At the Place Forum meeting, work to date and proposals for the Year of Wellbeing were outlined and members considered opportunities to increase the impact of the Year. An initial prospectus for the Year was circulated and has since been updated and circulated to elected members at briefing sessions in both local authorities.

Additional resource has been secured from Place Forum partners, both in terms of staff support and finance to enable recruitment of project officer support on a fixed-term secondment basis to enhance capacity to make the Year a success.

Reflecting the aim that the Year of Wellbeing becomes a grassroots social movement, it is not intended to hold a formal launch event. However, there will be an opportunity for a group photograph to record the Board's support for the Year at the end of the meeting.

Further information about the Year of Wellbeing can be found online at www.yearofwellbeing.org.uk.

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Appendices

Appendix 1 – Place Plan Rolling Actions as at November 2018

APPENDIX A: Place Plan – Rolling Actions at November 2018

Trust and behaviours:	Products Delivered
Meet as a Place Forum every quarter to build trust; create a place wide model of care, outcomes and hold to account	☑ Place Forum established
Refresh the Concordat and use it to capture priorities for improving health and wellbeing and working together	☑ Updated Concordat
Translatable vision:	**Products**
Create a health and care system design for our place	☑ System Design
Use the Upscaling Prevention pilot to develop the common narrative and catalyst for the place	☑ Year of Wellbeing and narrative
Deliver place-based JSNA to inform service delivery	☑ Place-based JSNA rollout *NB This is underway but is part of a two year programme*
Getting it done:	**Products**
Make prevention and self-help the first chapter of all change programmes, pathway redesigns etc.	☑ Year of Wellbeing and narrative *NB Embedding prevention in other programmes is still work in progress*
Build one strategic, place based plan that is delivered coherently by various means (STP, BCF etc.)	☑ Place Plan
Holding to account:	**Products**
Strengthen place based governance and working arrangements to deliver against the Concordat	☑ Draft outcome framework produced *NB This is to be further developed for the March 2019 meeting*
Take collective ownership (coordinated through the Proactive & Preventative Executive) for making sure actions happen	☑ P&P Working group and Executive
Strengthen communication and engagement between forums to keep people updated and engaged in product design	☑ Forum-wide update

Coventry City Council

Report

To: **Coventry Health and Wellbeing Board**　　　　　　Date: **14th January 2019**

From: **Coventry Police Commander – West Midlands Police**
(Chair, Coventry Multiple Complex Needs Board)

Title: **Multiple Complex Needs Programme Progress Update**

1　　Purpose

1.1　The purpose of this paper is to present an update to the Coventry Health and Wellbeing Board on the progress made against the priority of the Coventry Health and Wellbeing Strategy (2016-2019) on Improving the health and wellbeing of individuals with multiple complex needs.

2　　Recommendations

Coventry Health and Wellbeing Board is recommended to:

1) Endorse the progress made to date to improve the health and wellbeing of individuals with Multiple Complex Needs

2) Agree in principle to mainstream support for Multiple Complex Needs, linking it with Housing First, through the City Council's Housing Governance Structure

3　　Multiple Complex Needs Programme Background

3.1　The Coventry multiple complex needs programme intended to respond to the Coventry JHWBS priority to improve the health and wellbeing of individuals with multiple complex needs by looking at ways in which services can be coordinated to deliver better results as well as value for money by reducing demand pressures on services. In particular, the programme aimed to:

pilot new interventions for people facing MCN – test and evaluate new co-ordinated services, approaches or interventions for individuals, informed by research evidence and information sharing; and

help bring about systems change – improve understanding of how the range of organisations and services supporting people facing homelessness, substance misuse, offending behaviour, mental health difficulties and worklessness in Coventry can be redesigned and better co-ordinated around helping people facing multiple complex needs manage their lives better to reduce future demand.

3.2   The successful delivery of the MCN programme would help bring about systems change and pilot new interventions for people facing MCN that would result in: improvements to the life chances and outcomes of people facing multiple complex needs so that they feel more resilient and connected; are empowered to lead productive lives, free from harm; and reduce their dependency on intensive public services; enable people facing MCN to manage their lives better through access to more person centred and co-ordinated services; and reduce the intensity of demand on public services.

3.3   The Coventry Multiple Complex Needs programme is in line with the Council's priority of improving the quality of life for Coventry people by working with local communities, in particular, making communities safer together with the police, to reduce crime and anti-social behaviour; protecting our most vulnerable people by providing early intervention for families who need it, enabling people to exercise choice and control in their daily lives and preventing homelessness and helping people who do become homeless.

3.4   In particular it is doing so in an enabling approach: by **empowering citizens** to uncover and use their own assets to achieve their ambitions; share and improve local services; and design and implement solutions that meet local priorities.

4   Progress to date

4.1   The programme currently consists of six projects, which, with the exception of the evaluation, will be used to shape future work. The projects will likely continue post April 2019, notwithstanding the outcome of the Health and Wellbeing Strategy refresh, as in the past 3 years the Multiple Complex Needs programme has made progress and the environment in which it is operating has changed. This provides the opportunity to mainstream the work the programme has delivered and offers the Housing First scheme, in particular, potentially an initial cohort. STEPS for Change provides the opportunity for the foundations of a partnership approach to supporting street homeless in the City Centre.

4.2   **Housing First** – the Multiple Complex Needs Programme can support the pilot implementation of Housing First in Coventry, through the partnership links it has established and the identification of an initial cohort through its case management work. The tender for the support element of Housing First is due to go through the political process in January 2019, which will enable the project to progress.

4.3   **Steps for Change** – the multi-agency weekly drop in advice & information shop to address problems of homelessness, begging & drug/alcohol addiction in Coventry city centre has been established. The objectives of this are to provide easy access to help, support & advice; quicker access to health services; support individuals into finding suitable accommodation; reducing the amount of begging, drug and substance abuse across the city center. There have been some issues around the current property and lease in Hertford Street, but partners have been working to resolve these, with a relocation of STEPS to City Arcade likely to take place early in 2019.

4.4   **Experts by Experience** – The Coventry system is really embracing the Experts by Experience group and the co-production approach it offers. An informal Multiple Complex Needs Board meeting was held to ensure that professionals and experts by experience met in an informal context to build relations and as a result, representatives of the group are now Members of the MCN Board. The Group have been involved in responding to the Draft Housing and Homelessness Strategy, directly with officers and presented to Elected Members at Scrutiny Co-ordination Committee. Further approaches have been made to

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engage the group in the transformation work currently taking place in Housing and they have also sat on interview panels at partner agencies.

4.5 **Case Management Forum** – Case management of individuals with MCN is moving from the Operational Group to the Harm Reduction and Vulnerable Persons forum. This has been done to streamline processes to ensure duplication is minimised. This move only started in November and the terms of reference of Vulnerable Persons Forum are due for refresh to capture MCN and Housing First. All Members of the MCN Ops group have been invited to attend Vulnerable Persons Forum, including the experts-by-experience.

4.6 **Making Every Adult Matter** –In November 2017, Coventry became one of twenty-seven MEAM approach areas in the country. The MEAM Approach helps local areas design and deliver better coordinated services for people with multiple needs. Becoming a MEAM approach area has given Coventry access to hands-on support from the MEAM partners – as well as access to a network of other local areas implementing MEAM, as part of the MEAM network. Coventry has signed up to be a MEAM area until January 2022 which extends beyond the scope of the current Coventry Health and Wellbeing Strategy. The MCN Board received a presentation at their meeting on 17 December 2018 which outlined what Coventry has achieved in the 12 months since it adopted MEAM. It was agreed that the approach has proven beneficial and there is ongoing commitment to it in Coventry. It is proposed that the MCN and Housing First governance arrangements take on responsibility for MEAM, as referenced in paragraph 5.5 below..

4.7 **Evaluation** – An evaluation framework has been developed to determine the extent to which the programme improved outcomes from an individual, organisation and system perspective, looking at metrics, attitudes and behaviors and predictive modelling. Quantative data has been collected and there are a number of focused interviews taking place. The analysis will be supported by Coventry University and that process is due to begin mid-January 2019. The Evaluation report is due to be completed by the end of March 2019 and the outcomes will be reported to the Health and Wellbeing Board.

5   Sustainability of Multiple Complex Needs work

5.1 In 2016, Coventry's Health and Wellbeing Board (HWBB) selected 'improving health and well-being of individuals with multiple complex needs' as one of its three priorities. This was set out in the Coventry Joint Health and Wellbeing Strategy (JHWBS) for 2016-19, and was chosen as a priority due to growing awareness that populations experiencing the sharp end of problems such as homelessness, drug and alcohol misuse, poor mental health, and offending behaviours overlap considerably. There was also concern these vulnerable individuals may 'fall between the gaps' in policy and services altogether.

5.2 Since 2016, there has been a significant increase in the number of people who are homeless, many of whom have increasingly complex needs.

5.3 Coventry City Council, are in the process of refreshing their Housing and Homelessness strategy and Governance Arrangements. The revised strategy incorporates the need to provide better outcomes for those who are homeless and to provide more cost-effective solutions. The Housing First pilot, funded by the West Midlands Combined Authority, has also come on online and the first lot of funding allocated to Coventry is due to be drawn down in early 2019.

5.4 There is now an opportunity to embed the work, and learning, from the Multiple Complex Needs programme, into these new structures and programmes, particularly as there is

strong correlation between those with MCN and the Housing First cohort.

5.5 At the MCN Board on 17 December 2018, it was agreed that the two should sit together and that elements of the MCN programme should be used to form the delivery base of the Housing First pilot, capitalising on the partnerships which have been developed through the MCN programme. Responsibility for MEAM should also sit within this structure.

5.6 The reporting structure for MCN and Housing First into the City Council's housing governance structure is still under development to ensure partners, who are integral to this work, continue to have an opportunity to shape and deliver on this agenda.

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Coventry City Council

To: Coventry Health and Wellbeing Board **Date: 14 January 2019**

From: Rachael Danter, Programme Director

Title: Better Health, Better Care, Better Value programme update

1   Purpose

The purpose of this report is to provide Coventry Health and Wellbeing Board with an update on progress to date on the Better Health, Better Care, Better Value programme, highlighting any key points as necessary.

2   Recommendations

The Board is asked to note this report and its contents.

3   Information/Background

3.1 Independent Chair

Professor Sir Chris Ham has been appointed as Independent Chair for Better Health, Better Care, Better Value. He will start in January 2019, after he has stepped down from his current role as Chief Executive at The King's Fund at the end of this year.

3.2 Integrated Care System update

There has been good progress made on our integrated care system (ICS) roadmap and the next stocktake with NHS England took place on 14th December.

The Better Health, Better Care, Better Value Board has agreed to work towards 14 strategic objectives that will help drive change in Coventry and Warwickshire. One of these objectives is the development of a Provider Alliance operating model. The four NHS providers are all working together to implement this.

3.3 Clinical Strategy

Senior clinicians from across Coventry and Warwickshire have worked together to develop a system-wide clinical strategy.

Together the clinical leaders make up the Clinical Design Authority (CDA), where they have worked to establish key clinical strategic principles and to develop a framework to support the delivery of the Better Health, Better Care, Better Value plan.

The clinical strategy sets out the current issues being faced across Coventry and Warwickshire's health and care system and identifies priority areas where services could be improved and transformed to deliver better outcomes for local people.

The CDA have used RightCare and Model Hospital data along with Clinical Commissioning Group (CCG) Improvement and Assessment Framework (IAF) indicators to identify the 3 priority areas which are Frailty, Mental Health and Musculoskeletal services (MSK).

The principles are intended to support the partners to make the most of their combined spending on health and social care, while ensuring that patients and communities are at the heart of all decisions.

3.4 Transformational Programmes of Work

Proactive and Preventative

The Proactive and Preventative work programme is focused on creating the system conditions to put prevention at the heart of health and social care.

Members of the Better Health, Better Care, Better Value programme team worked with colleagues across the system to hold a System Leadership Academy mobilisation day on 13 November. Nearly 50 health and social care professionals attended the event to help make proactive and preventative care happen across Coventry and Warwickshire. The session focused on identifying opportunities to build proactive and preventative care into strategies, services and change programmes to help people stay healthy.

The delivery plan and communications and engagement strategy for the Year of Wellbeing was signed off at the Place Forum on 7 November.

About 450 GPs, practice nurses and dietitians attended a joint Coventry and Warwickshire Diabetes Protected Learning Time (PLT) event on World Diabetes Day – 14 November – at the National Agricultural Centre, Stoneleigh. The event included a comprehensive range of workshops delivered by local and national health providers, patients, GPs, practice nurses and consultants, together with practical advice to help GPs with treatment, referrals and care plans. Feedback from the session will help to shape a Coventry and Warwickshire diabetes training and education plan.

The Better Health, Better Care, Better Value communications and engagement team organised a workshop in November for colleagues across the footprint on tackling loneliness and isolation. A system-wide communications and engagement plan will be developed.

Maternity and Paediatrics

Coventry and Warwickshire STP is on track for delivering the Continuity of Carer target. Continuity of carer is the provision of care by a known midwife throughout the pregnancy, labour, birth and postnatal period and is associated with improved health outcomes for mothers and their babies. It is a key part of NHS England's Better Births programme and it is expected that by March 2019 20 per cent of new mothers will have continuity of carer. Engagement sessions with midwives have been held across all three acute Trusts to enable this to happen.

Earlier in the year, the Clinical Commissioning Groups (CCGs) spoke to more than 600 people, including local mothers, families, the community and voluntary sector, as well as frontline health and care staff, to learn from their experiences of maternity and paediatric services and work together to ensure these services are safer, more personalised, kinder, professional and more family friendly.

Building on these conversations, a Maternity Voices Partnership in North Warwickshire has been established and are looking to implement the '15 Steps' maternity quality audit. This looks at maternity services within 15 steps of walking into a ward, with patients and their families describing their first impressions of care, their surroundings and their overall experience.

The Provider Alliance is now starting a piece of work to consider the Paediatric pathway across a system and an initial work programme has been developed. A Paediatric Clinical Steering Group has been established.

Mental Health and Emotional Wellbeing

An event was held at Coventry Rugby Club on World Mental Health Day (October 10) where more than 100 service users, partners and other stakeholders were updated on the programme, progress made to date and ways in which they can get involved.

The event featured a market place showcasing local services and had breakout sessions to discuss specific elements, such as crisis cafes and a Psychiatric Decision Unit.

Two training sessions for GPs have taken place to improve the dementia diagnosis rate in Coventry and Warwickshire. Initial feedback has been positive, and the CCGs are monitoring the impact of the training throughout December.

The pilot Psychiatric Decision Unit is due to start in January, subject to estates work being completed and recruitment in place.

The Coventry street triage service, in which mental health nurses accompany police officers to incidents where police believe people need immediate mental health support, is to be piloted in Warwickshire. The service model is currently being developed.

Planned Care

The Better Health, Better Care, Better Value partners have continued to align work to both the national and local objectives. The STP is making good progress against all seven of NHS England's national milestones.

In September, Coventry and Warwickshire STP was awarded £67,000 of elective care transformation funding by NHS England. The investment will be used to support the development of a system-wide capacity and demand model.

Referral management schemes continue to be implemented and embedded within GP practices across the patch, with clinical peer review now at 95% in South Warwickshire.

The System Leadership Academy, which is made up of the STP programme team and colleagues from partner organisations across the system, held a Planned Care mobilisation day on 4 December. The focus was on urology, dermatology and ophthalmology. The

partners agreed three commitments for each of these specialties, to enable better joined-up working.

These include:
- Developing a system-wide workforce for cystoscopy procedures and rotating staff around Trusts;
- Carrying out an STP-wide dermatology pathway review;
- Upskilling community optometrists through further education and training.

The commitments are now being implemented through the Planned Care Board.

Productivity and Efficiency

Work is underway to develop a shared finance system across the four NHS Trusts in Coventry and Warwickshire. The ambition is to have a system-wide finance solution hosted by one lead provider.

Seven solutions workshops took place in October and were attended by the Directors of Finance, Heads of Procurement and Finance System Managers from NHS provider organisations in Coventry and Warwickshire, together with Wye Valley NHS Trust.

These organisations have agreed the following:
- To identify a system-wide solution specification for five core areas: procure to pay; sales to cash; budgeting and forecasting; record to report; and technical systems and IT;
- To have a common finance system and a single chart of accounts across their health economy.

Contract renewal dates and suppliers have been mapped for each of the five provider organisations to ensure that they will continue to meet their existing contractual arrangements.

Successful deployment and implementation of the same finance system across the health economy will improve effectiveness and efficiency in procurement, payment and debt recovery processes, as well as improve financial control. This has the potential to reduce the cost of back office functions through consolidating functions, standardisation and adopting best practice.

Urgent and Emergency Care

All partners have worked collaboratively to finalise the 2018/19 winter plans.

Coventry and Warwickshire Partnership NHS Trust is implementing plans on behalf of the STP to use £347,000 transformation funding from NHS England for three schemes to support urgent and emergency care services by increasing mental health capacity.

The Better Health, Better Care, Better Value communications and engagement team has developed a system-wide winter communications and engagement plan to encourage people to use alternative services to A&E where appropriate. This includes making a series of short videos featuring advice from local health and care professionals. The videos are being promoted by all partner organisations.

University Hospitals Coventry and Warwickshire NHS Trust has undertaken a community hub review and is developing an action plan to drive improvements in discharges and delayed transfers of care. George Eliot Hospital NHS Trust has reported good performance in reducing delayed transfers of care and has been consistently under target since February.

The number of people attending emergency departments is continuing to rise across all three provider Trusts, but despite the increase, there are improvements in urgent and emergency care across Coventry and Warwickshire. For example, the number of patients with delayed transfers of care was 47 per cent lower between April and September than at the start of 2017/18. During the same period, there were nearly 15,000 fewer bed days across the patch due to reductions in the average length of stay, compared to 2017/18.

Further work has also continued to implement plans relating to both local urgent and emergency care objectives and national Five Year Forward View transformation milestones.

3.5 Enabling Programmes of Work

Estates

The aims of this programme are to optimise the use of estates across the health economy to improve patient services but also to operate as cost effectively as possible. The programme should also seek to explore any opportunities to bid for national funds.

The group has collated baseline data showing all the NHS partner organisations' assets and is working to identify how much of this space is non-clinical. A workshop was held in November to identify potential projects that could be delivered in the next 18-24 months to improve efficiencies within the health economy.

As any changes to estates need to be clinically led, the Estates Strategy group is currently working on identifying estates opportunities within the transformational work programmes. The Estates programme manager will work closely with the Clinical Design Authority (CDA) to ensure alignment with its strategic plans.

Digital Health

The Digital Health programme is working to identify areas where technology can be harnessed and deployed in the current system to provide better care and deliver efficiencies.

Better Health, Better Care, Better Value has received conditional approval for a Health System Led Investment (HSLI) bid to improve the digital maturity of the four NHS provider organisations across ten projects. These include remote video consultation, a single sign-on for clinical staff, electronic document management and a shared care records programme. The partners are now working through business cases for the ten projects.

Workforce

Workforce development priorities are emerging from the work programmes and being informed through the System Leadership Academy mobilisation days for Proactive and Preventative and Planned Care. Further mobilisation days are planned for the other transformational work programmes over the coming months.

The workforce transformation lead is working closely with Health Education England colleagues to ensure this organisation's offer of workforce support for the partners is being fully used.

A workforce strategy refresh is currently underway and an investment plan for workforce development priorities is being developed.

A review of the Local Workforce Action Board in Coventry and Warwickshire to support the delivery of the workforce priorities has been completed and the sub-structure is currently being established.

3.6 Related Programmes of Work

Cancer

The West Midlands Cancer Alliance has awarded £688,144 transformation funding to Coventry and Warwickshire STP to ensure that best practice is followed with four key tumour sites (lung, colorectal, prostate and upper gastrointestinal) and for living with and beyond cancer.

The Alliance is funding £15.2m across the West Midlands, including Coventry and Warwickshire, for transforming cancer care. One of the largest programmes is the digitalisation of pathology, which has been allocated about £8m. This will involve pathologists capturing digital images of slides of tissue sections, which can then be shared immediately with experts across the region. Benefits include faster diagnosis for patients and better information and collaboration for clinicians. The programme is currently in the procurement phase.

The Better Health, Better Care, Better Value partners are working together to improve take-up of cervical screening. The aim is to ensure all women and people with a cervix know how cervical cancer can be prevented and feel more confident to take up potentially life-saving smear tests. As part of this campaign, four public events are taking place next month in Coventry, Nuneaton, Leamington Spa and Rugby. Anyone who would like to find out more about the signs and symptoms of cervical cancer, learn how they can reduce their risk, or ask any questions about smear tests and the HPV vaccination, is welcome to attend. Medical professionals will be on hand to discuss any concerns people may have and dispel myths associated with screening.

Stroke

Residents from across Coventry and Warwickshire attended an options appraisal event on bedded rehabilitation last month. To ensure a mix of people offering a range of perspectives attended the meeting, invitations were mapped against the recognised nine protected characteristics and the integrated impact assessment. More than 40 people attended, including staff members who will be involved in delivering a future improved service. Feedback from the event will be utilised as part of an ongoing process to confirm the options for bedded rehabilitation before going out to public consultation.

Report Author(s):

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On behalf of: Better Health, Better Care, Better Value Board

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Coventry City Council

Report

To: Coventry Health and Wellbeing Board   **Date:** 14 January 2019

From: Liz Gaulton, Director of Public Health and Wellbeing, People Directorate

Subject: Prevention Concordat for Better Mental Health

1. Purpose

The purpose of this paper is to seek approval from the Coventry Health and Wellbeing Board to take forward a local Prevention Concordat for Better Mental Health in support of the national programme.

2. Recommendations

Coventry Health and Wellbeing Board is recommended to:

1) Endorse plans to take forward the National Prevention Concordat for Better Mental Health programme and agree to support the Consensus Statement (Appendix 1).

2) Nominate a Health and Wellbeing Board level Mental Health Champion.

3) Agree to declare a local Prevention Concordat for Better Mental Health for Coventry and oversee local delivery.

4) Endorse the proposed wording for a Coventry Health and Wellbeing Board commitment pledge.

3. Background and context

The Five Year Forward View for Mental Health recommended that Public Health England (PHE) establish a national *Prevention Concordat for Better Mental Health* programme to support local Health and Wellbeing Boards. The aims of the national programme are to facilitate national and local actions around preventing mental health problems. The national programme has been established and is responsible for supporting the

establishment of local prevention concordats. A Consensus Statement describes the shared commitment of the organisations that have endorsed the Concordat (Appendix 1).

There are four qualifying criteria required to declare a local Prevention Concordat for Better Mental Health:

- An Elected Member (or Senior Officer) signed up as a Mental Health Champion
- A current suicide prevention action plan, supported by a multi-agency partnership
- An established Joint Strategic Needs Assessment (JSNA) describing local system mental health need (or commitment to start one within 3 months of declaring a concordat).
- Sector wide commitment to sign up to a shared concordat statement, usually signed off by your local Health & Wellbeing Board.

Public Health England (PHE) ask that organisations interested in signing up to the Concordat complete and submit a short commitment action plan template, capturing key areas of work ongoing, a commitment pledge for the future year and a named signatory (see proposed template Appendix 2). PHE require submission of completed templates from interested signatories through their publicmentalhealth inbox by 1st March 2019. A panel will review and approve action plans submitted within one month of submission date. The process is under review and future action plans may be approved through a digital process.

Currently, only a few local governments have signed up to the national programme (Concordat), however it is early days and it is expected that many others are in the planning stage or intending to sign up in the near future. Warwickshire Health and Wellbeing Board and County Council have already signed up to the Prevention Concordat for Better Mental Health.

Our current position against the four qualifying criteria is positive. Coventry has a current Suicide Prevention Strategy action plan and multiagency partnership. The JSNA includes mental health indicators and our Place Based JSNA approach is currently being refreshed and will feature Mental Health and Wellbeing as a central theme. We have completed dedicated CAMHS Needs Assessments and have a range of resources describing mental health needs supporting the work of the BHBCBV Mental Health workstream.

This paper seeks support from Coventry Health and Wellbeing Board to nominate a Mental Health Champion and sign up to a local Concordat supporting the ongoing work of the Place Forum. Coventry and Warwickshire wide support of the Prevention Concordat for Better Mental Health will support wider Mental Health transformation work and the Start a Conversation theme of Year of Wellbeing. It is intended that a local Prevention Concordat for Better Mental Health should be used to consolidate and support existing work programmes and support ongoing development and engagement as outlined in the options below. The Mental Health Champion would be asked to support ongoing campaign and engagement work and maintain links with the Board.

4. Options Considered and Recommended Proposals

Options for next steps – The table below outlines key options considered around whether to declare a concordat and how the concordat could be used to support ongoing work around mental wellbeing and added value to our population mental wellbeing approach.

1	Decide against progressing a Prevention Concordat	The justification would be the Council already have programmes of work addressing the aims of the Concordat.	**This is NOT the recommended option because:** 1) Neighbouring local authorities (Warwickshire) have signed up 2) most stakeholders perceived that a concordat could be of benefit 3) There is an expectation that LG's will sign up
2	Minimalist Approach	Health and Wellbeing sign off, agreement for organisations to work together and sign up to minimal aspects of concordat	**This is NOT the recommended option because:** 1) it would be limited in what it could achieve and not add much value
3	Concordat as a network or work stream	Establishment of a network of agencies who would work together on a programme of work	**This is NOT the recommended option because:** 1) There are a lot of networks already 2) The appetite was not to have another network, but more a piece of work that would consolidate current work and to solidify common goals
4	Concordat as a Development and Engagement Campaign/Project	Rather than a new network, the concordat would seek to strengthen and solidify what is already happening through the development of a succinct agreement. Any gaps in the system or in current initiatives could be filled through a development and engagement campaign.	**RECOMMENDED OPTION because:** A range of stakeholders were consulted about the concordat and most agreed that something along these lines should be recommended to the HWB to formalise work currently happening, ensure organisations are on the same page and to sign up those who can work towards a set of principles and goals, rather than a new programme of work, a new network or to do nothing.

It is recommended that the Prevention Concordat for Better Mental Health is progressed as a development and engagement campaign/project that supports and adds value to existing programmes of work including local Mental Health transformation and the Year of Wellbeing. A local Prevention Concordat for Better Mental Health would support population wide approaches to the promotion of public mental health and wellbeing, for children, young people, adults and communities across Coventry.

Report Author(s):

Name and Job Title: Jane Fowles Consultant in Public Health

Directorate: People Directorate

Telephone and E-mail Contact: jane.fowles@coventry.gov.uk

Enquiries should be directed to the above person

Appendix 1

Consensus statement

This consensus statement describes the shared commitment of the organisations signed below to work together via the Prevention Concordat for Better Mental Health, through local and national action, to prevent mental health problems and promote good mental health.

The undersigned organisations agree that:

- To transform the health system, we must increase the focus on prevention and the wider determinants of mental health. We recognise the need for a shift towards prevention-focussed leadership and action throughout the mental health system; and into the wider system. In turn, this will impact positively on the NHS and social care system by enabling early help through the use of upstream interventions.

- There must be joint cross-sectoral action to deliver an increased focus on the prevention of mental health problems and the promotion of good mental health at local level. This should draw on the expertise of people with lived experience of mental health problems, and the wider community, to identify solutions and promote equality.

- We will promote a prevention-focused approach towards improving the public's mental health, as all our organisations have a role to play.

- We will work collaboratively across organisational boundaries and disciplines to secure place-based improvements that are tailored to local needs and assets, in turn increasing sustainability and the effective use of limited resources.

- We will build the capacity and capability across our workforce to prevent mental health problems and promote good mental health, as outlined in the Public Mental Health Leadership and Workforce Development Framework Call to Action[1].

- We believe local areas will benefit from adopting the Prevention Concordat for Better Mental Health.

- We are committed to supporting local authorities, policy makers, NHS clinical commissioning groups and other commissioners, service providers, employers and the voluntary and community sector to adopt this Concordat and its approach.

Appendix 2

Proposed wording for the Coventry Health and Wellbeing Board pledge template

Lead Contact: Jane Fowles, Consultant in Public Health, Coventry City Council and Coventry and Rugby Clinical Commissioning Group.

Name of Organisation: Coventry Health and Wellbeing Board

Who are you representing?: Health and Wellbeing Board membership

Please tell us more about your organisation's work: Coventry Health and Wellbeing Board is a meeting place for local councillors, local partners, and commissioners across the NHS, public health and social care. The members of the board work to improve the health and wellbeing of local people and reduce inequalities.

What are you currently doing on that promotes better mental health?

A snapshot of local work around mental health and wellbeing is given below:

1) Mental Health and Wellbeing is a priority workstream within our Sustainability and Transformation Parnership/Better Health Better Care Better Value work programme and linked to our Health and Wellbeing Board. There are a range of subgroups including CAMHS, community resilience and wellbeing, primary care and mental health and suicide prevention.
2) We have a multi-agency suicide prevention plan reporting to the Health and Wellbeing Board and due for refresh late 2019
3) 2019 will be a Year of Wellbeing for Coventry and Warwickshire promoting wellbeing for employees and residents
4) We have a range of mental health and wellbeing campaign work, including "It Takes Balls to Talk" engaging males in conversations about mental wellbeing, primarily through engagement at local sporting events
5) We are working with local schools and key services to promote mental wellbeing and resilience for our children and young people
6) We are working to improve the physical health of people with severe and enduring mental illness contributing to our reducing inequalities priority
7) We have a range of projects focusing on social isolation, social prescribing, community capacity, cohesion and resilience

Do you have or are you intending on producing a mental health plan or a mental health needs assessment: Yes - The JSNA includes mental health indicators and our Place Based JSNA approach is currently being refreshed and will feature Mental Health and Wellbeing as a central theme. We have completed dedicated CAMHS Needs Assessments and have a range of resources describing mental health needs supporting the work of the BHBCBV Mental Health workstream.

The Prevention Concordat for Better Mental Health highlights the five domain framework for local action. Please describe what you are planning to commit to in the next 12 months for your area:

1) **Leadership and direction –** The Health and Wellbeing Board in partnership with Warwickshire Health and Wellbeing Board will provide overall leadership through our joint Place Forum. The Place Forum have signed up to a Coventry and Warwickshire Health and Wellbeing Concordat that frames our vision, principles and ways of working (*to be attached to final submission*). This will provide the framework for delivery of a local Prevention Concordat for Better Mental Health, supporting partnership communications and engagement across our mental health and wellbeing transformation programmes and Year of Wellbeing. Mental health champions have been identified within each Health and Wellbeing Board to support ongoing work. Shared officer resource has been identified to facilitate joint working around the Concordat across Coventry and Warwickshire.

2) **Understanding local need and assets** – Our Place Based JSNA is being developed in 2019 and will include Mental Health and Wellbeing as a central theme. The JSNA will bring together key data, local intelligence, stakeholder and community engagement. A city wide profile will be produced and local area profiles will provide richer localized insight relevant to our communities and services. We are working in partnership to undertake a suicide audit and scoping the possibility to establish real time surveillance systems.

3) **Working together** – We will build on the strong partnerships already in existence across our Mental Health and Wellbeing STP/BHBCBV programme. The Coventry and Warwickshire Health and Wellbeing Concordat outlines the commitment to partnership working across the Place Forum.

4) **Taking action** We will promote positive mental health and wellbeing for people and communities by prioritizing prevention, strengthening our communities, coordinating our services and sharing responsibility. We will work together to ensure that our Mental Health transformation and Year of Wellbeing campaigns and engagement promote mental health awareness across our communities and key partners. We will promote our commitment to the concordat through our cross partnership and internal promotion channels. We will collaborate to develop our mental wellbeing campaigns and initiatives. We will work together to promote key campaigns across the year; starting with RED January – a movement helping people support their mental wellbeing by doing something active every single day.

5) **Defining success –** We will measure the impact of our work across our Mental Health and Wellbeing STP/BHBCBV programme and wider organizational and system governance arrangements. We will review the impact of our communications and engagement campaigns, learning as we go and strengthening our future collective impact.

Is your partnership happy to provide key impact headlines when contacted related to the commitment specified? Yes

Upload signature and organisation logo

Coventry City Council

To: Coventry Health and Wellbeing Board **Date: 14 January 2019**

From: Matt Gilks, Director of Commissioning, Coventry and Rugby Clinical Commissioning Group

Title: CAMHS Local Transformation Plan: Year 3 Refresh

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1   Purpose

The purpose of the report is to seek endorsement from the Coventry Health and Wellbeing Board for the refreshed CAMHS Transformation Plan.

2   Recommendations

It is recommended that Coventry Health and Wellbeing Board:

1. Endorses the Coventry and Warwickshire CAMHS (Child and Adolescent Mental Health Services) Local Transformation Plan refresh for year three.

3   Context

There has been a requirement from NHS England (NHSE) for Clinical Commissioning Groups (CCGs) to develop a Children and Adolescent Mental Health Service (CAMHS) Transformation Plan, working with their local partners to set out a strategic vision for delivering improvements in children and young people's mental health, and wellbeing over a five-year period from 2015 to 2020.

The CAMHS Transformation Plan was submitted to NHSE in 2015, and CCGs are required to refresh the plan annually, to demonstrate progress and outline priorities for the forthcoming year.

This is the third year of the CAMHS Transformation Plan refresh, highlighting progress against the priorities for 2017/18, and further progress planned for 2018/19.

The refresh process is led by Coventry and Rugby Clinical Commissioning Group (CRCCG), and refreshed plans are signed off by NHS England (NHSE). We are awaiting final sign off from NHSE. There is a requirement for the plans to be developed collaboratively with key partners. In line with this requirement, the refresh process is managed through the multi-agency CAMHS Transformation Board. The board is led by CRCCG and includes representation from the Local Authority, provider organisations such as Coventry and Warwickshire Partnership NHS Trust

(CWPT), Coventry and Warwickshire Mind (CW Mind) and schools. The board is supported by the Joint Commissioning CAMHS Programme Manager.

Appendix 2 attached is the refresh of the Local Transformation Plan for 2018/19.

The LTP Action Plan has been shared with the CYP Partnership Board who have informed a full system review needs to occur to build an intelligence picture of how the whole system is working.

4   Progress in 2017/19 and Priorities for 2018/19

Appendix 1 attached outlines the key progress against the Transformation Plan for 2017/18, and identifies priorities for 2018/19. The CAMHS Transformation Board has rolled forward the priorities from 2017/18, on the basis that there is further progress to be made against these. These were first established in last year's plan, and replaced the original priorities first established in 15/16.

5   Action Plan

Accompanying the priorities for 2018/19 there is a clear action plan. The action plan lays out the strategic work required alongside deadlines and named individuals to ensure accountability. This action plan will be monitored monthly by the Transformation Operational Group and fed into the Transformation Board. The Governance section below will highlight the proposed pathway.

The key priorities are:

- Mapping tiers of provision with funding associated within each tier
- Review the early intervention offer including remodelling tier 2 provision
- Tier 3.5 service – CRISIS / Ward 14
- Strengthening governance structures (as per below)
- Data analysis
- Digital solutions (such as Dimensions Tool)
- ASD Pathway / Transforming Care

6   Governance

The proposed governance structure below, which has been agreed with STP Mental Health & Emotional Wellbeing Board, will provide accountability to ensure the delivery of the actions to meet the priorities:

2

STP Mental Health &
Emotional Wellbeing
Board
Chair – Sharon Binyon

Transformation Board
Chair – Matt Gilks

Transformation
Operational Group
Chair – CAMHS
Programme Manager /
CWPT

Priority Work streams

3
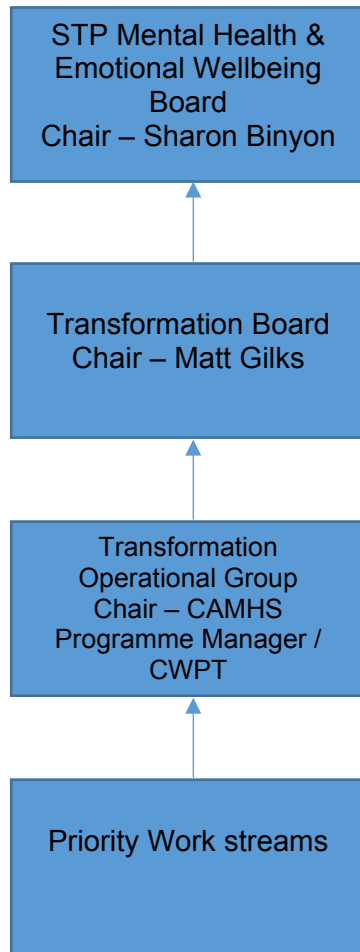
Report Author(s):

Name and Job Title:
Rich Limb, CAMHS Programme Manager, Coventry City Council
Louise Birta, CAMHS Programme Manager, Warwickshire County Council

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Enquiries should be directed to the above person.

Appendices

Appendix 1: CAMHS Local Transformation Plan 2018/19 Action Plan

Appendix 2: Coventry and Warwickshire Children and Young People's
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan
2015-2020 – End of Year 3 Refresh: 31 October 2018 (DRAFT)

Appendix 1 – LTP 2018/19 Action Plan

2017/18 Refresh	2018/19 Priorities
1. Improving the timeliness and access to emotional wellbeing and mental health support available to children and young people	**1. Improve the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people**

2017/18 Refresh

1. Improving the timeliness and access to emotional wellbeing and mental health support available to children and young people

- Navigation Hub launched - replacing the previous single point of entry, with an enhanced service that can undertake greater clinical triage, with extended operating hours, and a call back service for referrers.
- Children are waiting a shorter time for their first appointment:
  - Average wait to first appointment is 6 weeks (falling from 8 weeks at the start of the year).
  - Longest waits have reduced from 26 weeks to 18 weeks.
  - Therefore 100% of children are receiving their first appointment within the target timescale of 18 weeks.
  - Consistent delivery of waiting times within target timescales:
    - Emergency assessments within 48 hrs.
    - Urgent assessments within 1 week
    - Routine assessments within 18 weeks
    - Support for LAC within 4 weeks
- Only 62% of children receive their second (follow up) appointment, within the target timescale of 12 weeks, which was set as part of the last refresh.
- However, the position improved between January – August 2018, and the figure has reduced from 421 in January 2018 to 204 in August 18. Healios, an independent organisation has been procured to provide additional clinical capacity, and has

2018/19 Priorities

1. Improve the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people

a) Refresh the referral to treatment pathway;
b) Undertake further system capacity and demand and generate proposals to best manage the system pressures;
c) Continue with collaborative waiting list management arrangements to optimize the management of all key waits, particularly CAMHS follow-up waits;
d) Continue to increase the scale of available multi-agency early help opportunities in schools, and in the community to help to reduce some of the requirement for specialist help;
e) Ongoing development of the digital offer, including further development of the website, availability of an electronic referrals portal, e-consultation, further development of the Dimensions Tool and the use of social media;
f) Remodelled multi-agency "targeted" support with strengthened partnership working with Primary Mental Health Team (PMHT) and which is closely aligned to Coventry Family Hubs;
g) Implement a refreshed framework for Mental Health Interventions, for School-aged Children (MHISC)

started to pick up suitable cases via online support, which has helped reduce follow up waits. • Primary Mental Health Team have undertaken a rolling programme, to up-skill and build capacity in the wider workforce, though training and consultation.	
2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs). • Primary Mental Health Team have put in place a link worker with each Family Hub, and delivered 37 consultations and 17 individual advice and guidance episodes.	**2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).** a) Tier 2 remodelled and closer partnership working with PMHT and family hubs b) Develop robust partnership and communicate the early help/community offer, strengthen this to improve implementation of the early intervention
3. Develop collaborative pathways for young people who may require Tier 4 beds and developing further local CAMHS crisis response • Tier 3 plus is being commissioned in stages. Stage 1 is providing more capacity for crisis support through the Acute Liaison Team, including 7 days a week coverage at University Hospitals Coventry and Warwickshire NHS Trust (UHCW), George Eliot Hospital NHS Trust (GEH) and South Warwickshire NHS Foundation Trust (SWFT). • Business case for a tier 4 collaborative commissioning model, where CRCCG takes over commissioning responsibility from NHSE is being developed.	**3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.** a) Extension of Acute liaison service 7 days a week. b) Implement phase 2 of the Tier 3 plus Service, including the implementation of crisis and home treatment support. c) Continue to explore the potential for the provision of 72-hour "admission avoidance" beds. d) Pursue collaborative commissioning arrangements with NHSE in respect of tier 4 beds.

4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring • Feedback from Experience of Service User Questionnaires (ESQs) continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive. • Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis.	**4. Enhance evidence of service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring** a) A refreshed clinical outcomes framework is agreed and implemented, including the extension of routine outcome monitoring to all key pathways. This will have an agreed reporting schedule. b) Ongoing development of capture and reporting of service user experience feedback.
5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals • Dimensions Tool fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into service. • Healios commissioned by CWPT to deliver on-line Cognitive Behaviour Therapy (CBT) courses with high levels of service user satisfaction and good outcomes • Online self-care videos, information and guidance added to the website. • On-line referral portal in pilot phase. • CWPT purchased 'Block' on-line tool to undertake consultations and support. Set for roll out in 2019/20	**5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals** a) Healios continue to deliver on-line CBT courses, with high levels of service user satisfaction and good outcomes. b) 'Block' on-line tool providing e-consultation and support. Set for roll out in 2019/20 c) On-line referral portal in pilot phase ready for roll out by end of 2019. d) New website live from August 2017, due for first major refresh by end of 2018, based on service user feedback. e) Increased use of social media Facebook, Twitter and Instagram for engagement with children and young people use of Facebook, Twitter and Instagram
6. Implement and evaluate the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool. • Dimensions is fully operational, providing families and referrers a means of signposting to appropriate support, and supporting effective referrals into service.	**6. Implement and evaluate the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool.** a) Continued rolled out of the Dimensions tool as part of the wider workforce training, through Primary Mental Health team.

• Early evaluation of the tool will be delivered by Warwick University.	b) Review the evaluation findings of the dimension tool and incorporate as part of the roll out/development.
7. Evaluate the impact of the CAMHS transformation plan for service users and other key stakeholders As described above: • Waiting times for routine first appointment have reduced from eight weeks to six. • Experience of service user questionnaires indicates that most service users are satisfied.	**7. Evaluate the impact of the CAMHS transformation plan for service users and other key stakeholders** • To be agreed and specified
8. Further strengthen support for a range of vulnerable children and young people • CAMHS LAC (Looked after Children) service is in place and delivering support within 4 weeks of referral. • New Autistic Spectrum Disorder (ASD) early support pathway has been developed and rolled out. • Two unsuccessful recruitment rounds for the enhanced Youth Justice and Sexual Assault Referral Centre (SARC) initiative, due to the fixed term and highly specialized nature of the post	**8. Further strengthen support for a range of vulnerable children and young people** a) Co-locating the CAMHS LAC service in social care teams in Broadgate House. b) Mobilising targeted support for children waiting for Autism Spectrum Disorder (ASD) assessment, through the roll out of the ASD pathway. c) Finalise and roll-out pilot model to support children and young people for whom poor mental health is leading to low school attendance/not accessing education. d) Undertaking a system / multi-agency review of the support for ASD, in light to service user feedback and aspirations, demand, capacity, available resources, good practice and respective agency roles and responsibilities. To propose a potential new system approach. e) Procure targeted support for children and families pre and post ASD diagnosis.

	f) Continue with the aim to recruit role in CAMHS to support youth justice, revisiting specification and scoping and alternative model of delivery.
9. Develop a Multi-Agency Plan • Clear workforce plan in place across agencies. • Central to the plan is the Primary Mental Health Service upskilling and building capacity in the wider workforce, though training and consultation.	**9. Develop a Multi-Agency Plan** a) Ongoing training and development of the wider system workforce to support the mental health and ASD agenda.

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Coventry and Warwickshire Children and Young People's
Child and Adolescent Mental Health Services (CAMHS) Transformation Plan 2015 – 2020

End of Year 3 Refresh: 31 October 2018

Contents

Executive Summary

This is the third refresh report of the Coventry and Warwickshire CAMHS Transformation Plan. It covers the period 1 November 2017 to 31 October 2018 and summarises progress that has been made in delivering the transformation of CAMHS and the plans for years 4-5 of the local CAMHS Transformation Plan.

This plan reflects the national transformation programme, especially the targets and milestones set out in the NHS Five Year Forward View and the local priorities which were developed in partnership with service users and other stakeholders in 2015.

The CAMHS service in Warwickshire has been tendered and the new contract went live on 01/08/2017 and has now been operating for a year. Therefore, this report will show progress as it applies to joint initiatives between Coventry and Warwickshire, and where progress has been made independently by either Coventry or Warwickshire.

Progress has been made against the strategic objectives of the local CAMHS Transformation Plan during 2017-18 (table1), alongside continued work to address the legacy issues associated with capacity and demand for services.

Work continues on the cross-cutting theme of driving the systemic change across services needed to deliver long term transformation. The partner agencies represented at the CAMHS Transformation Board will continue to plan and implement this change together.

Progress has been made against access and waiting time standards, which have been met in Q1 and Q2 of 2018/19. However, further work is required to achieve local expectations of follow up waits.

Local services will need to make more progress on increasing the numbers of young people accessing and being treated during year 4 and demonstrating further the impact of treatment on outcomes for children and young people (CYP). The Warwickshire Rise contract has begun to report against locally determined outcomes and is baselining these, ready for full outcomes reporting to commence from August 2019.

The CAMHS Board has reviewed progress against the 2015 CAMHS Transformation Plan and evaluated progress to date on key milestones, alongside the clearer objectives published in more recent Five Years Forward View guidance.

1 Introduction

National Policy: NHS Five Year Forward View Plan

1.1 The national policy context of this plan is based on the report Future in Mind and delivery of transformation of Child and Adolescent Mental Health services set out in the NHS Five Year Forward View plans. This local plan incorporates the key national measures for which local commissioners and providers are accountable and is assured by NHS England.

Local Policy

1.2 Across Coventry and Warwickshire CAMHS is aligned to the local NHS Better Health, Better Care, Better Value programme.

1.3 In Coventry, the CAMHS transformation is fully aligned and contributing to the current Children's Plan. CAMHS transformation priorities are aligned to reflect the needs of vulnerable children, especially Looked after Children and the development of Family Hubs in the community and the overall priority of Acting Early.

1.4 In Warwickshire, the CAMHS transformation plan is aligned with the Warwickshire Children's Transformation Plan, the Vulnerable Learners Strategy 2017, Early Help in Warwickshire Partnership Strategy 2018-2023, the Warwickshire Education Strategy 2018-2023 and the overarching Warwickshire One Organisational Plan 2020.

The Local CAMHS Vision

1.5 The vision for CAMHS (table 3) was developed with Children and Young People, Families, Carers and other stakeholders in 2015, to deliver Child and Adolescent Mental Health Services (CAMHS) that were shaped from the outset by local needs and views reconciling with national ambition and objectives. This co-production work led to an outcomes framework that underpins the Warwickshire Rise Service (Appendix X).

Succession arrangements

1.6 It is clear that when the CAMHS transformation programme ends in 2020 there will need to be succession arrangements.

1.7 Currently, as CAMHS transformation is starting to align properly with the local Better Health, Better Care, Better Value programme, consideration is being given to ensuring that CAMHS transformation continues through this programme when the current planning period comes to an end. It is envisaged that the CAMHS Transformation Board will adapt its functions to sustain changes. In Warwickshire there is a clear commitment to maintaining transformation for the lifetime of the new contract awarded for delivery of CAMHS services by maintaining the Children and Young People Emotional Mental Health and Well-being Board.

1.8 The local Coventry and Warwickshire CAMHS Transformation Plan was originally published in 2015 and was reviewed and assured in 2016 and 2017. This refreshed version of the draft plan will be published on CCG websites, and with links to partner websites by 31 October. The refreshed plan will be published in full and easy read formats, when it has been approved by the Health and Wellbeing Board in Jan 2019. Until publication a notification advising when publication is due, will appear on Coventry and Rugby Clinical Commissioning Group websites. Previous versions can be found using the following links: Coventry & Rugby CCG and North Warwickshire CCG

2 Profile of Mental Health

2.1 A CAMHS Joint Strategic Needs Analysis (JSNA) undertaken in 2017 explores and describes the need for mental health services for children and young people in Coventry, determines how well that need is met by current services and where gaps and unmet needs exist.

2.2 For Warwickshire, a JSNA was undertaken in 2016 and informed the Warwickshire CAMHS redesign and tender process, with findings embedded within the Warwickshire Rise service specification and contract.

2.3 With regards to the Coventry JSNA, need is explored in relation to:

- The volume of need – how many children
- The demographics – what ages, genders, ethnicities, levels of deprivation, contextual factors
- The type of need – which conditions and at what levels of severity
- Trends in need over time

Volume – prevalence

2.4 1 in 10 children have a diagnosable mental health problem[1]. This figure is derived from large survey studies and can be used to model the expected prevalence. As mental health problems in children are inextricably linked with deprivation and poverty, high levels of poverty in an area generate high levels of mental health problems in the children and young people of that area. The modelling for Coventry takes this into account.

TABLE 1. EXPECTED AND ACTUAL REFERRALS

	2014	2015	2016
Estimated number of Coventry children aged 5-16 with mental health problems *(Source: PHE & CHIMAT)*	4664	4787	4911
	2014/15	**2015/16**	**2016/17**
Number of Coventry children aged 7-18 seeking mental health services input (referrals) *(Source: CWPT)*	3442 Inc. Rugby children	4349 Inc. Rugby children	3505 Inc. Rugby children

2.5 Nationally, only 25-35% of children with a diagnosable mental health condition access services. This data shows around 28% of Coventry children thought to be in need attempt to access services. Around 70-73% of the children modelled to be in need are not referred to services.

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[1] https://www.mentalhealth.org.uk/statistics/mental-health-statistics-children-and-young-people
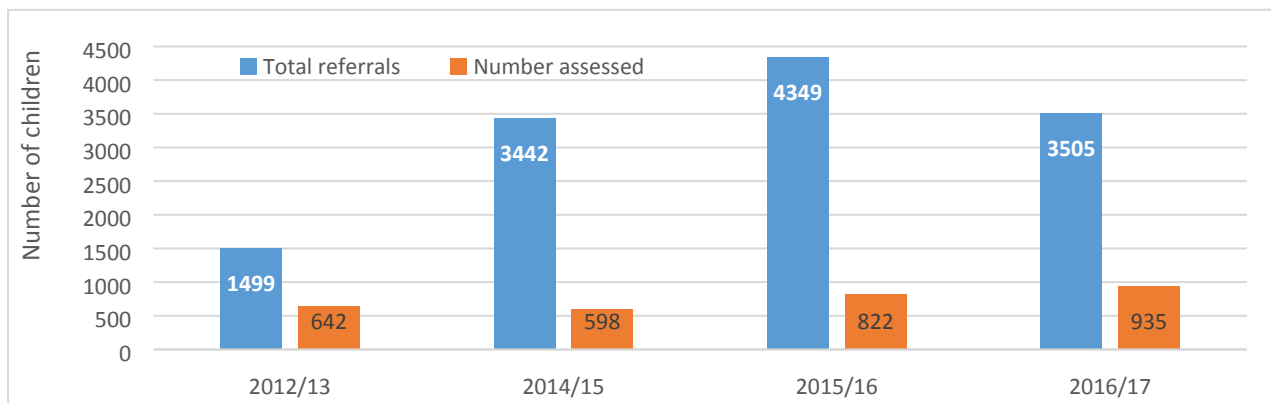
Local service and referral prevalence.

2.6 The tier 3 provider Coventry and Warwickshire partnership trust (CWPT) were able to supply data for 2016/17 from the single point of entry (SPE) which assesses all referrals and determines which treatment service the child is offered and at which level.

2.7 Coventry services are organised in 4 tiers of increasing severity of symptom and illness.

FIGURE 1. FOUR TIERS OF INCREASING SEVERITY

FIGURE 2. TIER 2 AND 3

Figure 2 flowchart:
- Modelled need **4911**
- Inappropriate referral 341 (13%)
- Referrals to Tier 2/3 SPE 2699 (100%)
- Referred to Mind T2 LAC 377 (14%)
- Non SPE referrals to Mind: schools 102, self 27, other 349
- Had initial assessment 640 (24%)
- Not Seen or referred by SPE 1340/50% of these 862 (32%) are unaccounted for in Mind referral data. Waiting unassessed
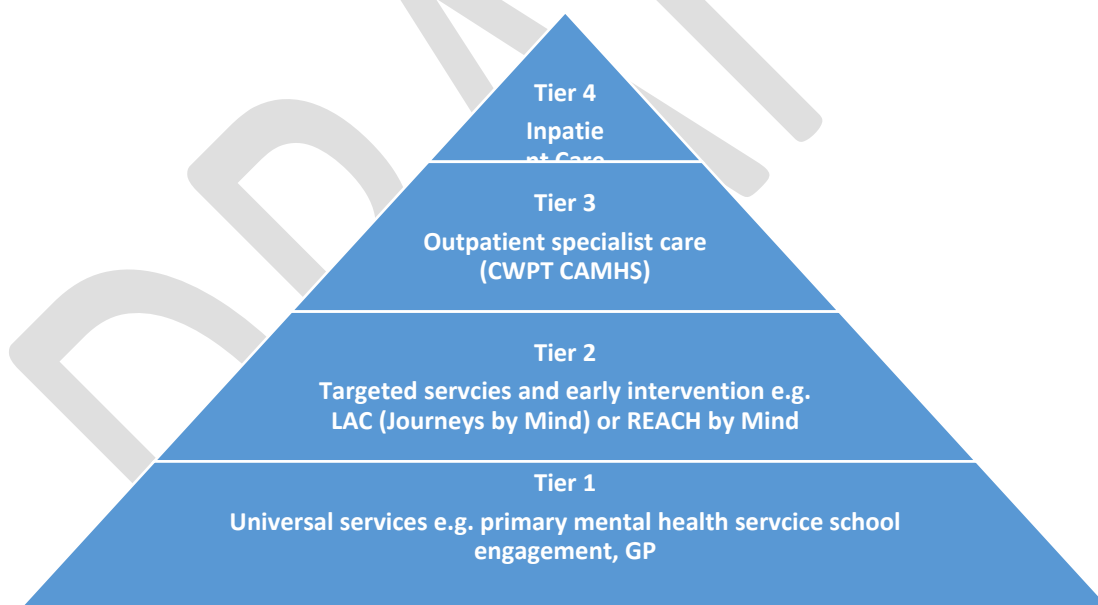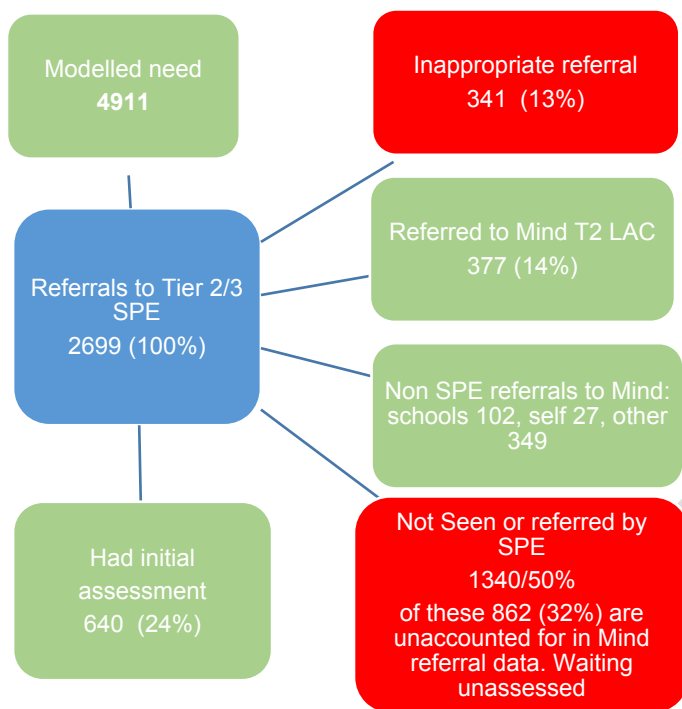
2.8   Only 13% of the children expected to have mental health problems are seen in Tier 3. Only 17.4% were seen in Tier 2.

2.9   Data was supplied by Coventry and Warwickshire Mind (CW Mind) and CWPT showing referrals made and children having assessment or starting treatment. Data from CW Mind shows the charity received 855 Coventry referrals. 56 were school referrals and 27 were inferred to be self-referrals. 64% (549) started treatment.

2.10   We lack accurate data about what forms an inappropriate referral, or demographic details of that cohort, so we lack information about service thresholds.

Inappropriate Referrals

FIGURE 3. 2016/17 REFERRAL DATA FROM CWPT AND CW MIND

Bar chart:
- Inappropriate n=341: Primary care 63, Education 20, Child health 5, Social services 6, Other health/other 6, 0
- All Referrals n=2699: Primary care 44.9, Education 28.5, Child health 6.3, Social services 6.3, Other health/other 14

Legend: Primary care, Education, Child health, Social services, Other health /other, Misisng data
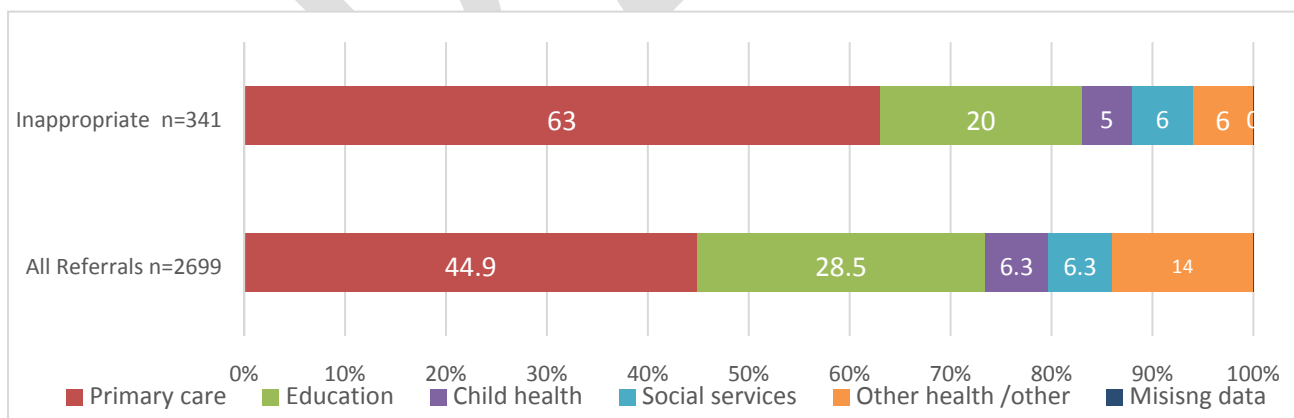
2.11   The breakdown of inappropriate referrals compared with all referral pattern is significantly different (p<0.0005) using a chi squared test. CW Mind are under-represented in referral volumes, receiving only 1/3 of the total.

TABLE 2. SPE REFERRAL DATA - CWPT CURRENT VIEW AND CW MIND TARGETED FORMS (REACH +JOURNEYS)

2016/17	CW Mind + CWPT T3	CW Mind	CWPT T3
Number assessed or started treatment	1189	549	640
Number referred	3581	882	2699
Proportion of modelled need	24.2%	11.2%	13.0%
Proportion of those presenting to SPE	44.1%	20.3%	23.7%

Age

2.12   The bulk of referrals to CWPT are for children approaching adolescence aged 13 and 14. This is expected as problems increase into adolescence.

FIGURE 4. AGE BREAKDOWN OF REFERRALS IN TIERS 1-3. SOURCE CWPT AND CW MIND SUMMARY DATA

FIGURE 5. TIER 1 AND 2 REFERRALS 2014-17
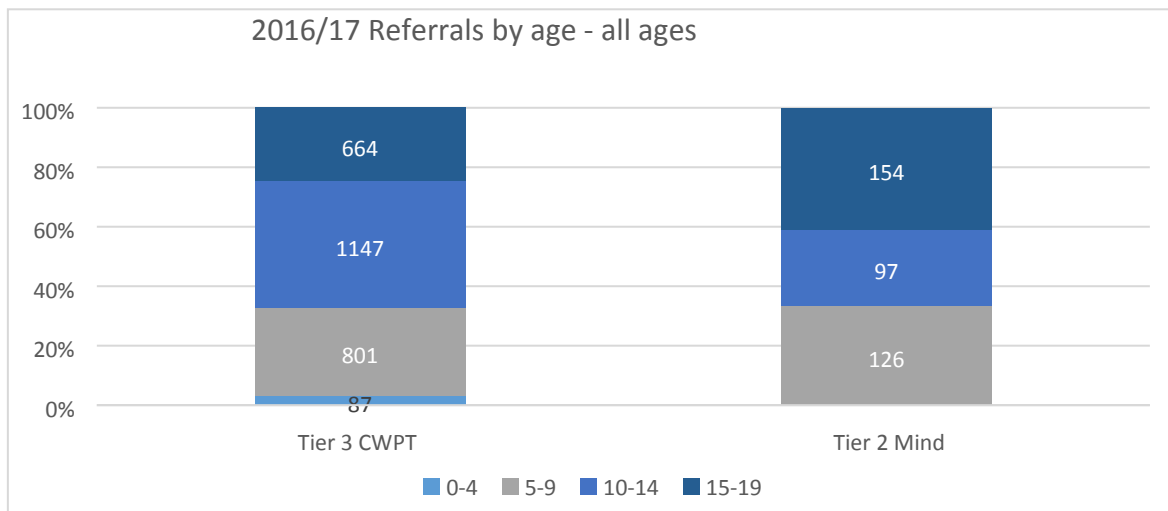
FIGURE 5. TIER 1 AND 2 REFERRALS 2014-17
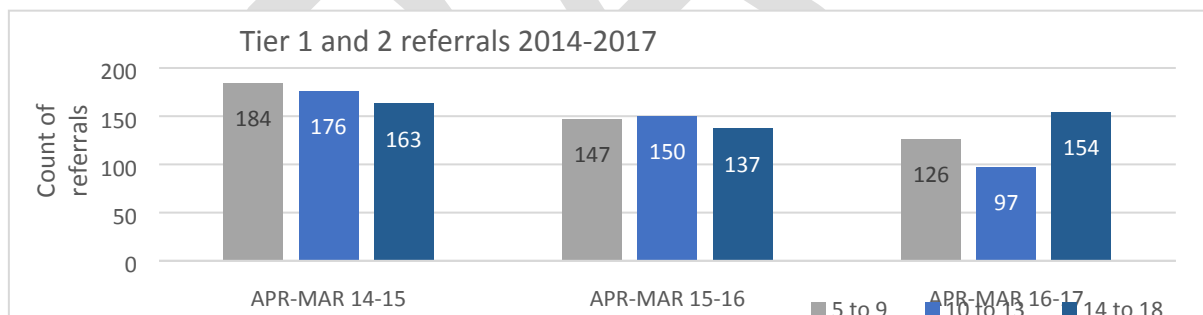
2.13   Our three most striking findings on age are:

- The substantial volume of referrals in the 7-9 or 5-9 age brackets which have stayed high while other age brackets have fallen since 2014.
    - This suggests need at young levels
    - But also good systems of early detection and referral.
- The number of referrals to CW Mind appears to have fallen by 28% since 2014[2]. In a city with rising problems where most presenting tier 3 problems are rated mild on first assessment, this is a very surprising finding, prompting questions about capacity, referral pathways and access to CW Mind for children.
- Tier 3 numbers are hard to interpret due to different age bands used in reporting and absence of individual level age data. Figure 7 shows a not unexpected breakdown, with peak numbers around 13/14 years old. Older children seem under represented. Either by

15/16 children with problems are known and have support plans, or they are not being referred to CAMHS, but to CW Mind.

Sex /Gender

2.14 We have summary data on the sex breakdown of referrals but no individual level data. This means analysis of the breakdown and patterns of presenting complaint, complicating factors and deprivation by sex and age has not been possible. The 2012 Millennium cohort study estimates that boys are twice as likely to experience MH problems as girls. So we would expect more boys to have problems and therefore to receive services, but locally, the numbers are much closer to each other, especially in tier 2.

FIGURE 6. GENDER BREAKDOWN OF REFERRALS AND EXPECTED GENDER RATIO. CWPT AND CW MIND
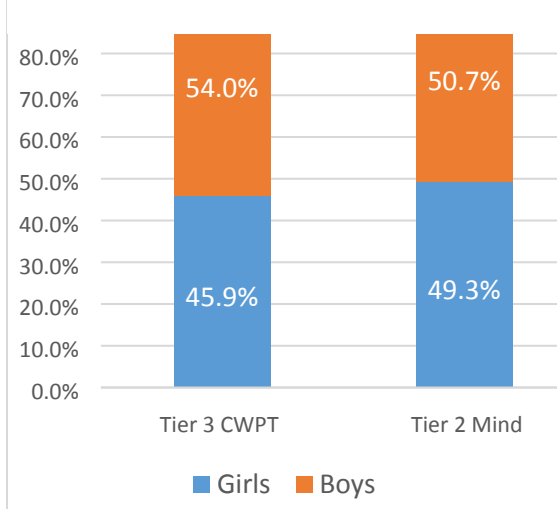
2.15 The local gender split of children receiving services may differ from expected because Coventry has different patterns to elsewhere. Possible reasons include boys' distress expressing as behaviour which causes distress to girls - like assault, or boys experiencing barriers to service access and engagement or alternative supports being available for boys.

Ethnicity

2.16 CWPT have a high level of coding of ethnicity (89%), but two systems seem to have been used which make analysis a little inaccurate. Compared to the ethnic breakdown registered by ONS for Coventry, there are fewer than expected Black and Asian children in CAMHS tier 3 and more mixed race children; threefold fewer Asian, half the expected of African descent, but three times more mixed race children. This differs significantly (P<0.00001) from the expected ethnicity breakdown for the city. This difference may arise from coding errors, or reflect different family supports, conceptions of mental health, resource structures or access barriers. A similar mixed race "excess" is seen elsewhere.

2.17 CW Mind referrals show a less pronounced mixed race excess but a similar lack of Asian children and more coded "other" this could reflect different populations or difficulty in coding. The CW Mind breakdown does not differ from the Coventry ethnicity breakdown.

FIGURE 7. CWPT AND CW MIND REFERRALS BREAKDOWN VS COVENTRY ETHNICITY VS POPULATION
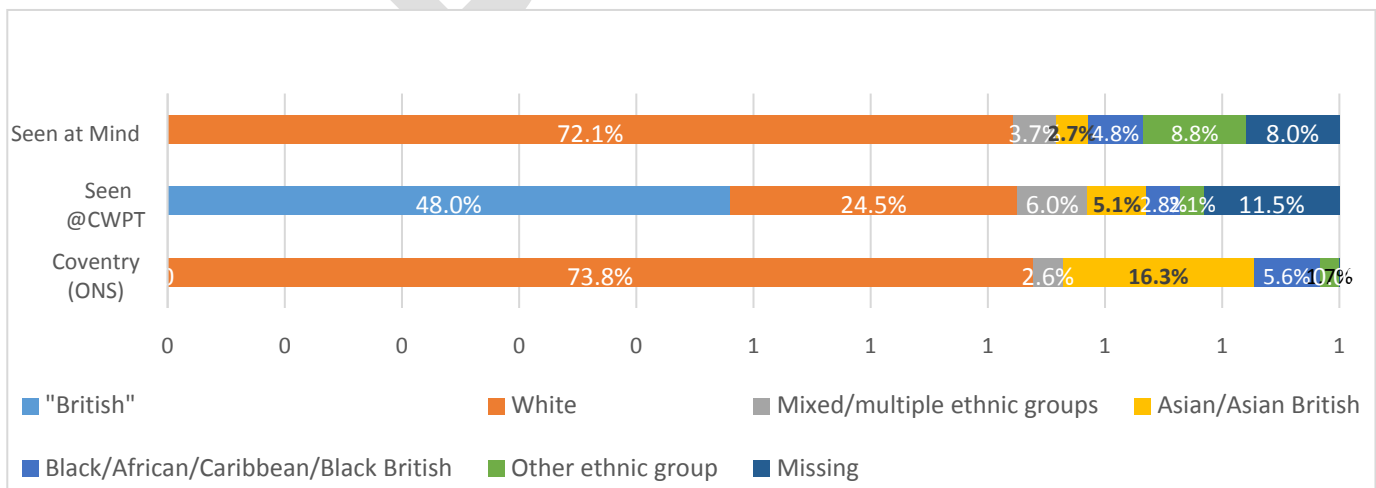
2.18 The insights team used deciles of IMD and ACORN – a market segmentation tool which informs users about income housing employment and lifestyle issues based on anonymised location of residence.   Acorn has 5 categories of residential family type household with 5 being the poorest, sub categories 1-59 divide this classification into more specific types of home[3].

2.19 CAMHS referrals significantly over represented poorer neighbourhoods from ACORN – specifically struggling families and the public and private rented flats and houses and notably younger families. This is to be expected as children's Mental Health problems are four times more common in the poorest income households than the highest, especially among boys. Parents' mental affects the children. Upstream of that poverty and deprivation are linked with both children's and adults' mental ill health. While poor parental mental health may result in deprived living circumstances we would expect this number to stay relatively constant. But we see an increase in need over time. There is clear evidence of links between parental financial stress and children's ill health and evidence showing this worsening over timelines linked to financial challenges and austerity policies.

FIGURE 8. RATES OF CAMHS REFERRALS 2016/17 FOR DECILES OF IMD2015
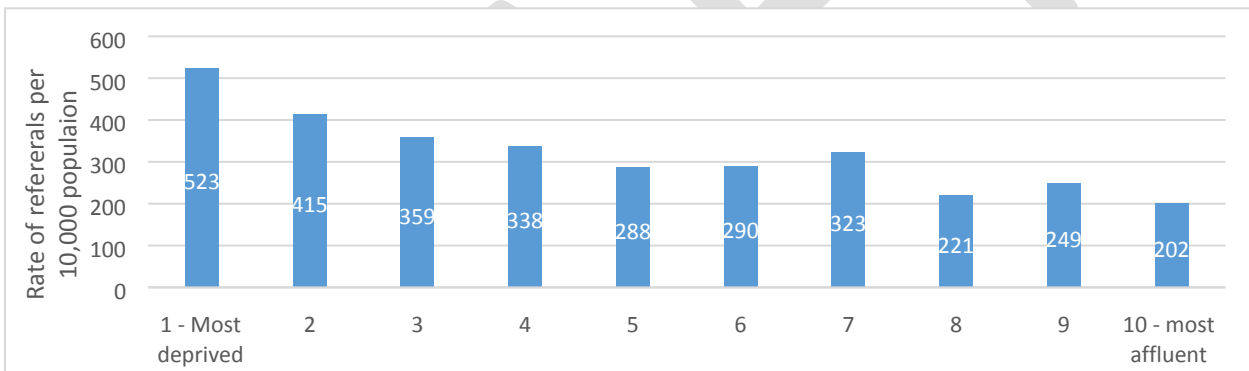
2.20 Estimates place between 25% and 31% of children in Coventry as living in poverty.

2.21 Coventry has a particularly high level of childhood injury, some of which will reflect neglect or household violence.

Conclusions

2.22 Volume of current need:

- Taking the 2699 Coventry referrals to the Single point of service Entry for Tier 2/3 services, we see 55% of the expected amount of mental ill health among children and young people in Coventry. This suggests that help seeking is present but less than expected.

2.23 System coverage and capacity:

- In 2016/17 only 24% of children in need had a CAMHS assessment and this includes rapid referrals 48 hours from UHCW. Only 20% were seen in tier 2 (CW Mind). Both these numbers have fallen over the past 5 years.
- The majority of children expressing a need (55%) appear to be waiting without a service.

- Relatively small and falling numbers of children are seen in Tier 2 prompting questions about CW Mind's capacity and barriers to access like geographical location around the city, nature of offer, capacity of trained staff.

2.24 Demographic breakdown:

- There are expected patterns of ethnicity among those seen but not of age or gender. Boys and adolescents are underrepresented in both tiers and especially in tier 2.
- The number of younger children (under 10) presenting is greater than expected and the number of older adolescents lower. This could mean that Coventry has good early intervention and identification systems. In Coventry mental health problems are presenting at younger ages like 5-7 offering opportunities for intervention, resilience building and practical support which will have lifelong impact.
- The levels of deprivation among children being referred is high and expected. Financial hardship, employment and housing support and quality are all issues that are within the gift of a local government to influence. Other issues like out of work benefits are not.
- Coventry has a strong but stretched system of financial support, advice and food support.

2.25 Gaps:

- The needs assessment has been developed with the needs of all children and young people and their families, and the information now needs more widely with partners be used to develop and strengthen early intervention.

Coventry's ASD Deep Dive

2.26 Coventry undertook a deep dive for Autism Spectrum Disorder (ASD) and to explore factors underlying the observed difference between apparent prevalence in Coventry and other areas in the West Midlands. Furthermore, to inform elected members, commissioners and local health partners about local data local data (prevalence, trends, and limitations).

2.27 The deep dive was undertaken by the following methods

- Data from PHE fingertips was analysed for Coventry and comparable neighbours to interrogate the metric that shows a high prevalence for Coventry
- Interviews were carried out with key stakeholders in the service provision, commissioning and diagnostic pathways in Coventry and comparable neighbours.
- Additional information from other expert sources like the National Autistic society and Office of National Statistics was included as context.

Unpacking the Data for Coventry – Unreliable Metrics

2.28 In Coventry, 19.1 per 1,000 pupils are recorded on the education database and school census as having have autistic spectrum disorders.

FIGURE 9. COVENTRY RECORDED ASD RATE

2.29 2014 data from Department for Education of number of children with autism known to
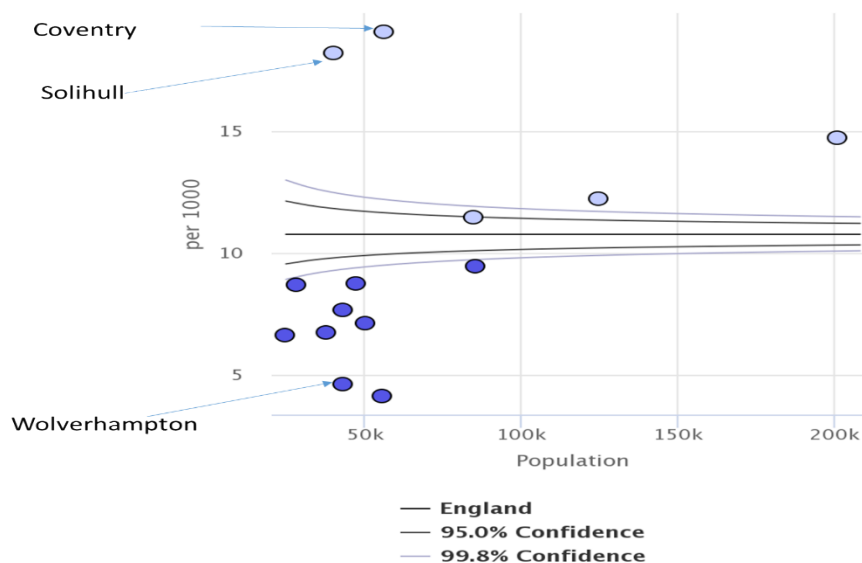
schools compared with England average figure and local Upper Tier LAs. Relevant UAs are shown with arrows

- Professor Gyles Glover, Co-Director of the Learning Disabilities Observatory Team for Public Health England notes that the rate graphed in this chart: "is likely to reflect locally varying recognition thresholds more than actual variations in the prevalence of autism in children".   In other words, this measure is not a reliable measure to compare prevalence between areas and should not be used for that purpose.
- In figure 11 above it is clear that Coventry is more like Solihull than demographically similar Wolverhampton.
- Differences between Coventry and national data in the types of primary need can also be found in the JSNA from 2015/16

Unpacking the Data for Coventry - Excellence

2.30 Coventry in its Special Education Need and Disability (SEND) services and offer and neurodevelopmental diagnostic services has a high level of interest and skill in ASD and has been proactive in establishing a range of service and supports.

- As the first point of contact for children or parents seeking additional support, the SEN coordinators in schools (SENCos) have significant individual skill and expertise in identifying and supporting ASD and other learning difficulties. SEN coordinators offer pre diagnostic and practical support and can signpost children, teachers and parents to additional tools and services.
- The Council's Autism Team, in the Communication and Interaction (including Autism) Support Service (CIASS) are a specialist service offering targeted input to pupils in schools.
- The CIASS Autism team is made up of specialist teachers, Higher Level teaching assistants and a Pre-School Co-ordinator. The team support mainstream schools and early years' settings to include and meet the needs of their pupils diagnosed with autism.
- All specialist autism teachers are qualified teachers and have had experience of classroom teaching and working with children diagnosed with autism. Some staff have

experience of teaching in specialist settings. The CIASS team is a support input available in schools before an EHC is made or required.

- Other Local Authorities have support services, but notable these are not labelled as Autism services but rather as generic learning difficulty services.
- Over the past five years there have been changes in the ways Educational support services are accessed by schools in Coventry. There has been a switch in focus from the need for an eligible diagnosis to be held by a child in order to access services while in school to one where the school exercises a choice to buy in a service for the school to address the needs of pupils.
- The Children and Families Act 2014 changed the way SEN services were offered to families and jointly commissioned by LA and health agencies.
- Expertise within the local NHS neurodevelopmental services has switched the focus of diagnosis to identifying need based on deficits or skills, rather than provision of a label.
- A new children's neurodevelopmental pathway started earlier in the year, which will link school educational psychology input with family and GP input in the referral process to allow a child to have the most complete set of referral information.
- Additional supports in the form of short course parent education on ASD are available within Coventry for parents of children in all age groups from diagnosis to 18 via the voluntary sector. There are single teams for the NAS Early Bird training in Coventry and the Barnardo's Cygnet training. This is in addition to the wider SEND local Offer involving the voluntary sector.

Unpacking the Coventry Data- Awareness and Stigma Reduction

2.31 Since their formation, Coventry's support services have worked to raise awareness and reduce stigma throughout the educational system.

- Public knowledge and understanding of ASD has increased since 1988 due to a range of films, plays and TV shows, further reducing the stigma formerly associated with the diagnosis and increasing awareness of the condition.
- Campaigning organisations like the National Autistic society have also led national awareness leading to the Autism Act and national strategy in 2009.

Unpacking the Coventry Data – Myth Busting – Behavioural Drivers

2.32 During this deep dive we encountered an idea that there is a strong desire for an ASD diagnosis among parents and a sub set of parents' push for diagnosis to improve family benefit revenue.

- It is likely that parents of children with ASD or similar conditions will experience financial and work pressures arising from time needed to negotiate with schools or to manage child care when out of school or during holidays. These may arise from having to stop work to take up caring roles.
- It is worth thinking about two sets of benefits: those accruing to children themselves and those for carers or families.
- For children: Child Tax credits and over 16 personal independence payments.
- For carers and families: Income support if unable to work, Carers allowance and Disability Living Allowance.
- The Department for Work and Pensions were unable to comment directly without specific case information but consider this a very misguided approach if true. Children would be required to undertake a detailed assessment based on function, meaning an ASD diagnosis itself would be unlikely to generate changes to allowances set aside for

caring or to disability living allowance as these tend to focus on physical limitations and needs.

- There may be a case for child tax credit to be available for a child with ASD.
- A diagnosis "label" has at times in the past been necessary to access support via schools. It may still be felt necessary by parents to have a specific diagnostic label to influence school heads and finance officers to buy in or facilitate access to the expert and excellent support services available in Coventry.
- Individuals and parents find that the ASD label helps in explaining challenging behaviour to themselves and to others. The label of ASD is experienced as less stigmatising than the child's behaviour experienced without a context or explanation.

FIGURE 10. ASD PERCENTAGE (WWW.FINGERTIPS.PHE.ORG.UK)

Pupils with autism spectrum disorder: % of school pupils with autism spectrum disorder – Coventry

● England
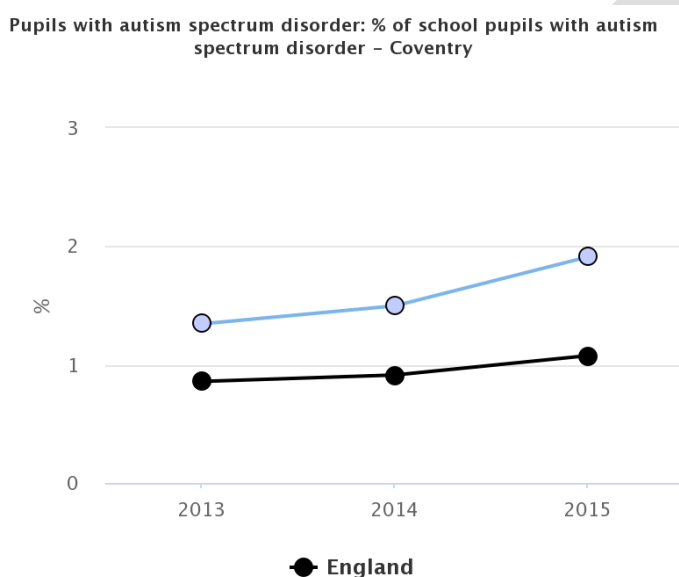
Unpacking the Coventry data –Changes in prevalence

2.33 Nationally (figure 12) the proportion of school's pupils with ASD (using the unreliable metric) has been rising. It also rose in Coventry as a slightly faster rate.

- This is likely to reflect the change in diagnostic criteria end the effect of national policy and strategy rather than show an increase in prevalence.
- Coventry is not alone in registering an increase in demand for assessments and support for children from parents. Other Local authorities like Wolverhampton report "significant" increases in need and increases in demand for assessments from children and parents. These increases are for both Neurodevelopmental and social, emotional and mental health inputs.
- Changes in the process and nature of the SEN offer set out in the 2014 Children and Family Act may have altered the demand profiles and accessibility of services.
- Increases in waiting times for assessment by the Neurodevelopmental series would appear to have arisen from a change to the referral pathway, which facilitated and perpetuated an enhanced number of referrals from both schools and Primary care coupled with an increase in need.
- Approximately 30% of referrals for ASD assessment do not result in a positive diagnosis, indicating the complexity of the diagnostic process, the overlap with other conditions and a lack of expertise at point of referral in up to 30% of cases.

- A mixture of raised awareness, reduced stigma, need and desire for an ASD diagnosis will continue to keep demand for assessments high.
- New pathway dynamics should introduce early intervention and gatekeeping within schools to reduce the number of inappropriate referrals.

2.34 The ASD deep dive highlights the prevalence and the slighter faster rate of ASD among school children than the national profile. An increasing caseload, and average waits for an ASD assessment in section? This demonstrates there is an increasing need for more early intervention and prevention. The early intervention neurodevelopmental pathway commenced in Jan 2018, and further work is planned to strengthen the roll out of the pathway across Coventry schools. Furthermore, NHSE have provided additional one off resources to procure additional targeted work to support pre and post diagnosis for ASD, that is currently being tendered and will commence in November 2018 across Coventry and Warwickshire.

Needs Assessment – Warwickshire

2.35 The 2016 JSNA for CAMHS was refreshed to inform the procurement process, below are some of the key findings and data that informed the Warwickshire CYP MH Contract:

- Approximately 4,000 referrals were made into CAMHS per year in Warwickshire, with 1,000 being re-referrals.
- The most common presenting needs were emotional difficulties (including anxiety, phobias and OCD) for nearly four in five (80%) children (1,827 children) where it was recorded. One quarter (25%) of these children had co-occurring emotional difficulties.
- The number of children referred to Warwickshire specialist CAMHS increases with age until its peak at children aged 15 years after which the numbers fall again. Just under a third (32%) of children referred to Warwickshire specialist CAMHS were aged 14 to 16 years.
- Referrals are generally spread evenly throughout the County, but there are specific areas of increased referrals that correlate with areas of socio-economic deprivation:
- The types of households that are most likely to be referred to Warwickshire CAMHS are also the type of households that are most likely to have the following characteristics many of which are linked to deprivation: lone parents, social renting, unemployment, benefit claimants, difficult on household income and a number of children in the household.

Service Planning- Implementing JSNA findings

2.36 The Warwickshire 2016 needs assessment was used to inform providers of our local position in their tender submission. Warwickshire based the new contract on the Outcomes Framework co-produced by young people, Parents/carers and stakeholders in addition to the Needs Assessment (see appendix x). Implementation of these findings continues through the ongoing contract management and collaborative commissioning approach being undertaken deliver the Rise service through to 2023.

2.37 For Coventry, a multi-agency workshop is being held in December 2018 to develop joint plans for progressing the CYP MH JSNA from 2019/20.

2.38 In addition, for both Coventry and Warwickshire, Commissioners are working collaboratively with CWPT as the main provider to make best use of needs intelligence they are developing through close monitoring of demand in each of their pathways as well as analysis of data derived from the Dimensions Tool (an online resource for parents and referrers to articulate the needs of young people and identify appropriate sources of help:

https://cwrise.com/dimensions-tool). This intelligence forms an integral part of the joint service planning between Coventry and Warwickshire services.

3 Vision for Mental Health & Emotional Wellbeing 2020

TABLE 3. COVENTRY AND WARWICKSHIRE CAMHS VISION

Coventry and Warwickshire CAMHS Vision

Provides a clear sense of direction for all agencies and stakeholders working in partnership to improve the mental health and emotional wellbeing of children and young people in Coventry and Warwickshire.

Provides stepped care through early help, prevention and crisis support to Children and Young People and their families and carers to improve their health outcomes, resilience and reduce the need for admission to specialist healthcare.

Ensures Children and Young People have access to flexible personalised care, that promotes equality of opportunity and accessibility, meeting individual needs and diverse multicultural community.

Ensures Children and Young People receive early help and support within schools that will be delivered flexibly and locations and venues to support children including those from vulnerable and hard to reach backgrounds.

Provides services designed to meet the needs of children, young people and their families so that they can access the right support from the right service at the right time.

Improves and strengthen smoother transitions for young people (including adult services).

Provides improved care for children and young people in crisis so they are treated in the right place at the right time and as close to home as possible.

Maximises the use of evidenced based practice and interventions.

Ensures vulnerable Children and Young People will have access to flexible specialist mental health and emotional wellbeing support, designed and responsive to individual need.

Ensures professionals, Children and Young People and their families and carers have a greater awareness of mental health and emotional wellbeing services available locally.

4 Governance and Commissioning

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│     Health and Wellbeing Boards      │
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│   Coventry and Warwickshire CAMHS    │
│        Transformation Board          │
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│      Coventry and Warwickshire       │
│  Transformation Operational Group    │
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│        Work stream Groups;           │
│  Waiting times, Dimensions Tool,     │
│          Communications              │
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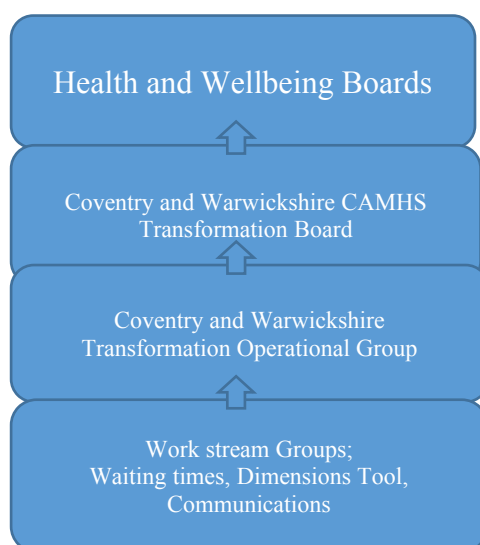
CAMHS Transformation Delivery Board Governance

4.1 Multi-agency governance arrangements have in place since the first year of the plan which ensures an on-going dialogue with, and input from key stakeholder organisations and departments.

4.2 The refresh of this plan and its overall implementation has been overseen by the CAMHS Transformation Delivery Board (CAMHS Board) which meets bi-monthly. This Board has regular representation from the three local Coventry and Warwickshire Clinical Commissioning Groups, Coventry and Warwickshire Local Authority Children's Services, Public Health and Education Services, alongside CAMHS provider organisations CWPT and CW Mind.

4.3 This year the CAMHS Board has been strengthened by the addition of Head Teachers from both Primary and Secondary schools. The Board meets on a bi-monthly basis to monitor delivery against the key milestones and key performance indicators of the plan and to ensure that risk and issues that impact on the programme are mitigated.

4.4 The Board has strategic oversight of delivery, implementation and management of the Transformation Plan and reports to the Coventry Children and Young People Partnership Board, and Warwickshire Children's Joint Commissioning Boards. This has ensured a feedback loop from the Children's Partnerships on progress, and specific elements of the plans have been adjusted accordingly. The two partnership and commissioning boards report into local Health and Wellbeing Boards.

4.5 An Operational Sub Group of the overall CAMHS Transformation Board meets to focus on the operational aspects of delivery and provides a monthly update report on the milestone plan. This operational group co-ordinates individual work streams associated with transformation and delivery.

4.6 In Warwickshire, the new Rise contract is overseen by the Warwickshire Strategic Partnership Board with membership from the three CCGs, Warwickshire County Council, CWPT and CW Mind, and representatives from Education and Social Care. Terms of reference for this group and the CAMHS Board are aligned to ensure a shared strategic direction for both Coventry and Warwickshire. Furthermore, the Chair of the CAMHS Board is a member of the Warwickshire Strategic Board, as well as shared provider

representatives (as CYP MH services are delivered by the same providers in Coventry and Warwickshire). The stated aim of both Boards is to seek closer alignment across the STP area.

Place Based Commissioning and Local Strategic Planning

4.7 The governance arrangements set out above enable CAMHS transformation to be implemented as a single Local Transformation Plan across the STP footprint with shared priorities, while also recognising the need to deliver services that reflect the differing population needs and local systems across Coventry and Warwickshire.

4.8 The local Better Health, Better Care, Better Value programme is at a key point in configuring to deliver mental health priorities across the NHS sustainability and transformation footprint.

4.9 The CAMHS Transformation Plan plays a key part in the delivery of the Coventry Children's Plan and therefore plays a role in Coventry City Council's Connecting Community's strategy; this includes the development of family hubs in the coming year and a key role in the city's Early Help Offer.

4.10 In Warwickshire, the CAMHS Transformation Plan is mobilised through the new Children and Young People's Emotional Well-Being and Mental Health Service, aligned with the Warwickshire Children's Transformation Plan; the Vulnerable Learners Strategy; Early Help in Warwickshire Partnership Strategy 2018-2023; the Warwickshire Education Strategy 2018-2023; and also the overarching Warwickshire One Organisational Plan.

4.11 The CAMHS Transformation Board ensures that Health and Social Care scrutiny boards and Coventry and Rugby CCG Clinical Executive Group, South Warwickshire CCG, Warwickshire North CCG and relevant executive structures in each local authority are assured of CAMHS transformation delivery by reporting as required. In particular, there is transparency and scrutiny on investment of transformation funds.

4.12 The main providers of CAMHS services, Coventry and Warwickshire Partnership Trust and Coventry and Warwickshire Mind have a strategic partnership that has resulted in integrated service provision for looked after children in Coventry and as a result of successful tender in Warwickshire a more formal partnership-based delivery.

Better Health, Better Care, Better Value programme (STP Board)

4.13 This programme has identified key deliverable themes and CAMHS commissioning and provider partners are engaged in relevant streams of; Community Resilience, Primary Care, Specialist Care, Acute & Crisis Care. Key objectives are becoming joint and shared to reduce duplication and to maximise focus. Currently work on these work streams is subject to an internal project initiation document for programme board approval.

4.14 Key managers, medical and clinical staff who are associated with CAMHS transformation are shaping project deliverable and aligning activity.

Stakeholder Engagement

4.15 Children and Young people, families, carers, statutory, 3rd sector and professional stakeholders were fully engaged in the original development of the CAMHS transformation plan. This led to the development of both an Outcomes Framework for this five-year plan and the establishment of the seven key priorities and an overarching cross cutting theme.

4.16 Engagement work has been ongoing in Warwickshire through the first year of implementation of the new service:
- Quarterly Stakeholder Group established to report into the Strategic Partnership Board with membership including Parents, SENDIAS, Specialist SEND Teaching, Head

Teachers, Social Care, and Primary Care. Involvement of young people is being developed with YoungMinds.

- Regular reporting to the Warwickshire Youth Parliament on progress of the Rise service as well as co-producing a Teacher Conference on the new service with Youth Parliament reps.
- Workshops held across Warwickshire with parents to build support for ongoing service developments. Over 30 parents have expressed interest in ongoing involvement in the co-development of the service. These were arranged jointly between Commissioners and CWPT/CW Mind to develop a collaborative engagement strategy for the service.

Specialised Commissioning

4.17 Coventry and Warwickshire Commissioners have engaged closely with Specialised Commissioning through 2018 in the development of a business case for enhanced crisis care and establishing a tier 3 plus service for Coventry and Warwickshire. This is set out in more detail under New Model of Care, below, and has been progressed through fortnightly meetings with stakeholders including Specialise Commissioning and local Acute Hospital Trusts.

Transforming Care Partnership

4.18 There is a close alignment between the CAMHS Transformation Plan and the Coventry and Warwickshire Transforming Care Partnership. The TCP has presented to the CAMHS Transformation Board in developing an Intensive Support Service for TCP eligible young people, and the TCP has been involved in planning discussions around the development of the tier 3 plus service. Further, CAMHS Commissioners have supported the commissioning and procurement of an ASD community offer funded by the TCP.

5 LTP ambition 2018-2020

Locality working

Rise Community Partnerships (formally called Community Hubs)

5.1 The Warwickshire Rise Service has established five Rise Community Partnership centres. These community hubs deliver a range of open access and bookable drop-ins and group work, as well as providing a base for outreach staff to work in the community (including schools). The core offer provided by Rise will be augmented in each centre by working alongside local voluntary and community organisations who can increase the local offer through their own services, activities, resources and fundraising capacity.

5.2 Each Rise Partnership community offer has the following aims:
- Raising awareness of children and young people's mental health
- Providing families with the opportunity to talk to a professional around mental health for any emerging issues, through our coffee mornings
- Connecting families to the right support and make any appropriate referrals, using the Dimensions Tool
- Providing training to families around prevalent mental health issues
- Providing training and consultation to professionals
- Providing two bespoke mental health based programmes for primary and secondary schools.

The first two of these Rise Partnership centres have opened in Warwickshire:

1. Ratcliffe Youth Centre in Atherstone, North Warwickshire
2. The Old Slaughterhouse, Escape Arts in Stratford Upon Avon, South Warwickshire

The remaining three centres are due to formally open by the end of 2018 in:

3. Abbey Children's Centre, Nuneaton
4. Moriarty's Community Café, Rugby
5. Dormer Place Community Centre, Leamington Spa

5.3 However, Rise is already delivering drop-in sessions in each district and borough in advance of the centres officially opening. For more rural areas of Warwickshire, the Community Partnerships also work with local halls and venues to offer a 'pop up' service, providing mental health and emotional well-being awareness raising. This is supported by a CW Mind Mental Health Bus that accesses isolated communities and supports community events.

5.4 The initial core offer in each venue consists of:
- Weekly Themed Drop-in Coffee Mornings. Autumn sessions are covering:
  o Understanding and supporting children aged 3-11 years with anxiety
  o Understanding and supporting young people aged 11-18 years with self-harm
  o Sources of information and support for children and young people's emotional wellbeing
  o Understanding and supporting healthy emotional development for children aged 3-11 years

- Peer Support sessions with families accessing services
- Weekly Consultation Sessions with mental health clinicians

5.5 In addition, these and other community venues are used by Primary Mental Health Workers providing training to professionals on a range of mental health and emotional well-being issue including:

- Eating Disorders
- Mood
- Attachment
- Self-harm

5.6 Feedback from these sessions is very positive with an average of 9/10 feedback scores for an increase in knowledge and preparedness to implement learning from participants.

5.7 Warwickshire ambition / sustainability plan beyond 2020/21:

5.8 The Warwickshire Rise service is part way through a two year implementation phase as it utilises LTP funding to transform to the new model of working focused on community based increased resilience and early help. This is a seven year contract that will run through to 2023, beyond the five years of the LTP. As part of the tender process, CWPT and Mind submitted financial and workforce plans demonstrating how the service will achieve the outcomes framework with a financial profile that reflects the ending of LTP funding in 2021. Commissioners and providers recognise the challenge of maintaining outcomes during this transition, but have embedded preparation for this in the development of the service model.

5.9 For Coventry, transitioning beyond 2021 is being planned for as part of a system wide strategy commencing in December 2018 with a multi-agency workshop to review and take forward recommendations in the recent JSNA. Directly following this workshop, Coventry City Council will incorporate the outcomes into a review of Tier 2 services that is planned for January 2019. This scope of this review will include prevention and early help as well as targeted provision

Core Primary Mental Health in Coventry

5.10 The Primary Mental Health Service (PMHS) is a comparatively small service tasked with providing mental health support across the city, primarily to schools at 2 levels – a core service offer and an enhanced service offer.

5.11 The team offers a core generic primary mental health service offer, consisting of the following:

    a) up to 4 half days of support a week via the Navigation Hub
    b) clinics for Child & Family First (CFF) Teams.
    c) workshops for professionals

5.12 Contacts with our service for Q1 in 2018/19 have resulted in 121 consultations or offers of general advice and guidance. The contacts were provided through the Navigation Hub, Family Hubs or directly following referral into the service, and were conducted face to face or via telephone.

5.13 The provision of support offered to the Navigation Hub is half a day, three days per week with a primary mental health practitioner.

Coventry's Family Hub model

5.14 Coventry has a system wide Family Hub model of early support that was launched in 2017. The Specialist CAMHS Service provided by CWPT has a link worker in place for each hub. Primary Mental Health Workers are now providing a regular presence (one half day per month) to each of the Family Hubs and support the integration/ allocation meetings to offer a mental health perspective along with offering consultations to professionals, psychological-education sessions for parents and a small element of joint working to support families as a whole, whilst upskilling the front-line family workers. Some of the hubs have also requested training packages. The Consultations/GAG input into the family hubs can be broken down as follows:

5.15 For Q1 2018/19; 37 Consultations and 17 General Advice and Guidance, was provided specifically across the family hubs.

Workshop for professionals in Coventry

5.16 The service continues to deliver a programme of workshops for professionals respectively covering the topics of attachment, mood (anxiety & depression) and self-harm. Each session is evaluated and then measured to ensure there is a positive difference in knowledge and confidence.

5.17 Below is a table outlining training workshops delivered by the Primary Mental Health team in quarter 1 (April –June 2018):

TABLE 4. TRAINING WORKSHOPS DELIVERED - APR-JUN 2018

Topic	No. of workshops	No. of Delegates
Mood	9	117
Self-Harm	8	91
Attachment	9	95
Bespoke	3	39
Total	**29**	**342**

5.18 Bespoke training is also offered to groups of professionals, in Q1 2018/19 (April – June 2018) the following sessions were delivered by the Coventry Primary Mental Health team

TABLE 5. BESPOKE TRAINING: FOR A TOTAL OF 5 SESSIONS

Topic	Numbers
Self-harm	7
Exam Stress	30
Boomerang Training	2
Boomerang information for parents	10
Psycho-education on attachment	1
Total	**50**

Enhanced Primary Mental Health Provision in Coventry

5.19 In addition, the Coventry Primary Mental Health Team provides an enhanced service into schools (primary and secondary) across the city. The team deliver the project to up to 7 schools each term, one day per week and the following term provide a half day once per month to the same school for any follow up/updates. The team has worked with the head teacher to receive nominations of school staff that will be responsible for helping the team coordinate this within the school. The team offer training on mood, attachment and self-harm to the staff, consultations with staff, parent workshops, classroom sessions and assemblies on mental health awareness, exam stress and any bespoke requests, and Boomerang to identified young people (resilience programme for 5 weeks) the staff who co-facilitate this can then roll it out across the school when we have withdrawn.

5.20 As part of the enhanced service in Coventry, workshop sessions are offered in classrooms for pupils at the request of staff around a range of topics from exam stress to emotional resiliency. The enhanced Primary Mental Health service accept bespoke classroom training on request. Below is a table of classroom sessions delivered in Q1 (April-June 2018):

TABLE 6. CLASSROOM SESSIONS ATTENDED 832 CYP (APR-JUN 2018)

Topic area	No. of sessions	No. of Students
Resiliency	2	48
Exam Stress	1	40
Difficult Emotions	1	60
Resiliency	5	150
Mental health awareness	1	30
Resiliency	7	270
Exam Stress	1	9
Resiliency	2	120
Body Image	2	90
Anxiety	1	15
Total		**832**

5.21 As part of the enhanced primary mental health service school assemblies are offered on a range of topics but most popularly around mental health awareness. Assemblies' are offered as part of the bespoke package on request. A table of assemblies' delivered for Q1 2018/19 (April – June 2018) is set out below:

Topic Area	No. of Students
Mental health awareness	80
Introduction to mental health	360
Introduction to mental health	180
Mental Health awareness	200
Mental Health awareness	200
Mental Health awareness	200
Total	**1220**

5.22 The total number of students reached with school assemblies and classroom workshops was **2052.** The total number of students reached in the previous quarter Q4 2017/18 (Jan – March 2018) was 650 and so in Q1 of 2018/19 the number of students who have had some form of education around mental health through the PMHs has more than trebled.

5.23 The Warwickshire Primary Mental Health Team also offer training to teaching staff on Mood, Attachment, Self-harm, Eating Disorders and facilitator training for the Boomerang 5-week resilience course (the team train members of staff to deliver the programme in school). The team offer professional consultation in school to support school staff and upskill them to in turn support a young person they are concerned about. Locally the team also attend the vulnerable children's group in the south where there are a number of agencies that attend including education (head teachers) and as a result offer training by school cluster. The team have responded directly to feedback from school staff about the support needed for parents and now offer parent consultation slots and coffee mornings with teaching sessions, topic themes include, anxiety, self-harm, emotional development, school refusal.

Warwickshire Rise offer

5.24 PMHW provide the Boomerang Resilience Programme in schools as well as delivering training to teaching and school staff on key emotional well-being and mental health concerns including anxiety, mood, and self-harm.

5.25 CW Mind provide the Big Umbrella in schools, delivering a stepped approach to emotional well-being consisting of:

- Whole School Assemblies raising awareness of emotional wellbeing and mental health
- Class based workshops on mental health and emotional wellbeing
- One to one work with young people identified as requiring more support- with a referral pathway into Rise if needed.

5.26 If the Warwickshire bid to NHSE is successful for the trailblazer, it will mean an additional two Mental Health Support Teams operating in the South Warwickshire CCG areas reaching a cohort of 16,000 pupils.

Whole School Approach

5.27 Coventry schools are promoting a whole-school programme called THRIVE - for monitoring and supporting mental wellbeing, that schools can buy into directly. There are nationally accredited THIRVE trainers who provide this work.

5.28 Warwickshire County Council have commissioned School health and Wellbeing service – funding for a lead nurse for emotional wellbeing for children and young people within the service and linking with schools.

Improved crisis care

5.29 There has been continued development of the response to emergency and urgent referrals with the refining of processes in the Rise Navigation Hub for those referrals that need such a response. These response times are monitored by commissioners.

5.30 Current provision in these services only allows for assessments in office hours and not into the evenings or weekends. During these extended hours the service is limited to assessment in A&E, on-call CAMHS psychiatry and admission to the acute hospital paediatric unit

5.31 The current demands on the Acute Liaison Team (ALT) continues to grow as CYP access the local acute health services via A&E in crisis and are directed via the paediatric inpatient ward. This demand far out strips the original trajectory of the service. This had led to the ALT requiring regular support from core Rise staffing to meet demand, reducing capacity in the main specialist team to provide interventions.

5.32 In year there has been co-creation between CWPT and Commissioners on two business cases to secure additional funding for a two-phase development of a 'tier 3.5 service' to support crisis and urgent care needs in the CYP population. This development has been in response to the current demand on the Acute Liaison Service, admission rates to Tier 4 facilities and the unmet needs of CYP for a community crisis response that is not limited only to assessment at A&E or admission to a paediatric unit.

Pressure on Local Hospitals

5.33 Public Health England data shows that Coventry has consistently had a higher rate of hospital admissions as a result of self-harm compared to the national average and West Midlands average. The Warwickshire rate was broadly in line with the national average for a number of years, however over the last 2 years there has been an increase, and is now above the national and West Midlands rate

FIGURE 11. COVENTRY HOSPITAL ADMISSIONS AS A RESULT OF SELF-HARM (15-19 YEAR OLDS) (PHE)
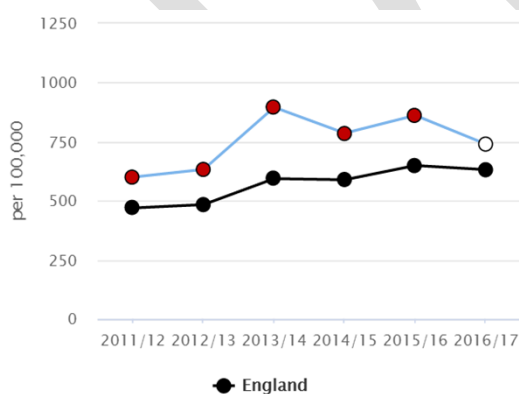
Recent trend: ➡

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2011/12	●	141	599.8	504.9	707.4	487.9*	469.2
2012/13	●	149	632.3	534.8	742.3	498.7*	483.6
2013/14	●	205	895.2	776.8	1,026.4	598.2*	593.3
2014/15	●	182	785.7	675.7	908.5	569.2*	588.6
2015/16	●	196	861.0	744.7	990.4	658.9*	648.8
2016/17	○	169	739.4	632.2	859.7	631.3*	631.3*

Source: Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of The Health and Social Care Information Centre. All rights reserved.

FIGURE 12. WARWICKSHIRE HOSPITAL ADMISSIONS AS A RESULT OF SELF-HARM (15-19 YEAR OLDS) (PHE)

Period		Count	Value	Lower CI	Upper CI	West Midlands	England
2011/12	●	144	443.4	373.9	522.0	487.9*	469.2
2012/13	●	154	486.1	412.4	569.3	498.7*	483.6
2013/14	●	218	687.8	599.5	785.4	598.2*	593.3
2014/15	●	184	584.1	502.7	674.9	569.2*	588.6
2015/16	●	239	754.6	662.0	856.6	658.9*	648.8
2016/17	○	246	791.6	695.7	896.9	631.3*	631.3*

5.34   The Acute Liaison Team was commissioned in 2014 to ensure there was dedicated capacity in place to support young people who present at any of the three local hospitals (University Hospital Coventry, Warwick Hospital, and George Eliot). The aim of the service is to ensure young people presenting at hospital are assessed within 48 hours of admission. Data from the Acute Liaison Team shows that over the period January 2017 to September 2017, on average there approximately 60 referrals to the Acute Liaison Team per month. When the service was first commissioned in 2014, the demand was projected to be in the region of 40 assessments required a month. Young people presenting in crises share the wards with young people with physical health needs.

FIGURE 13. DEMAND FOR ACUTE LIAISON SERVICE: PLANNED VS ACTUAL (CWPT)
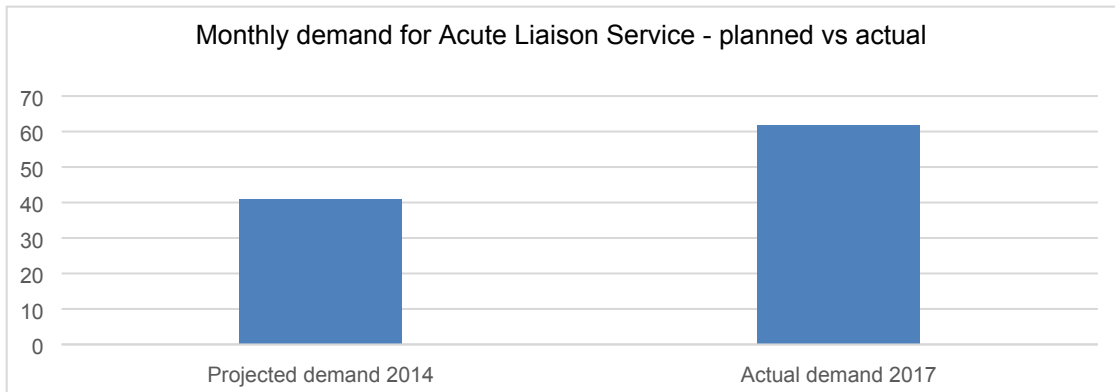
5.35 The increased numbers of young people requiring support from the Acute Liaison Team, has been combined with increasing complexity of young people presenting, in particular in relation to the challenging behaviours they display. There also appears to have been a lengthening of the time taken to secure tier 4 beds – impacting on the length of stay on the paediatric wards. This overall demand and complexity causes the following issues:

- A reduction in the number of beds available for young people with physical health needs
- Distress for young people on the ward
- Young people with mental health and emotional wellbeing issues not accessing the most appropriate intervention in a timely manner
- A necessity to use temporary agency support staff to supervise young people who present a risk to themselves or others

Tier 4 inpatient pressures

5.36 Overall, across the three CCG's there has been year on year increases in the number of inpatient admissions for Coventry and Warwickshire children (see figure 20). Young people from Coventry and Rugby represent the highest number of admissions, followed by South Warwickshire, with North Warwickshire consistently having the lowest number of admissions. The exception to the overall trend is that that from 2016/17 and 2017/18 there was no increase in the Coventry and Rugby admissions.

FIGURE 14. TIER 4 INPATIENT ADMISSIONS COVENTRY AND WARWICKSHIRE 2014 TO 2018 (NHSE)
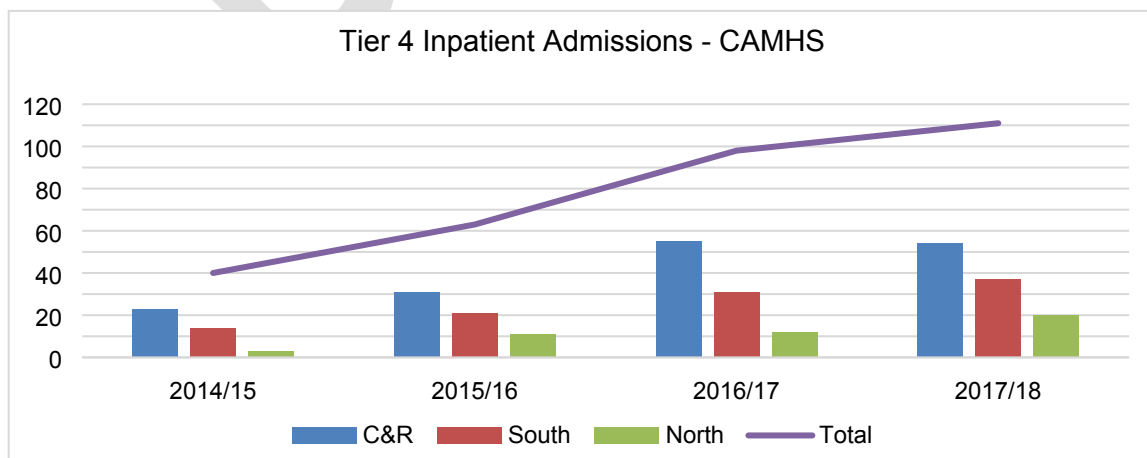
5.37 The most frequent type of bed used is a general adolescent unit bed. Psychiatric intensive care unit beds, were the second most frequent type of bed used, followed by eating

disorder, high dependency unit beds and medium secure beds. There has been no use of specialist learning disability beds.

CAMHS All CCGs Bed Type Data Apr 17-Feb 18
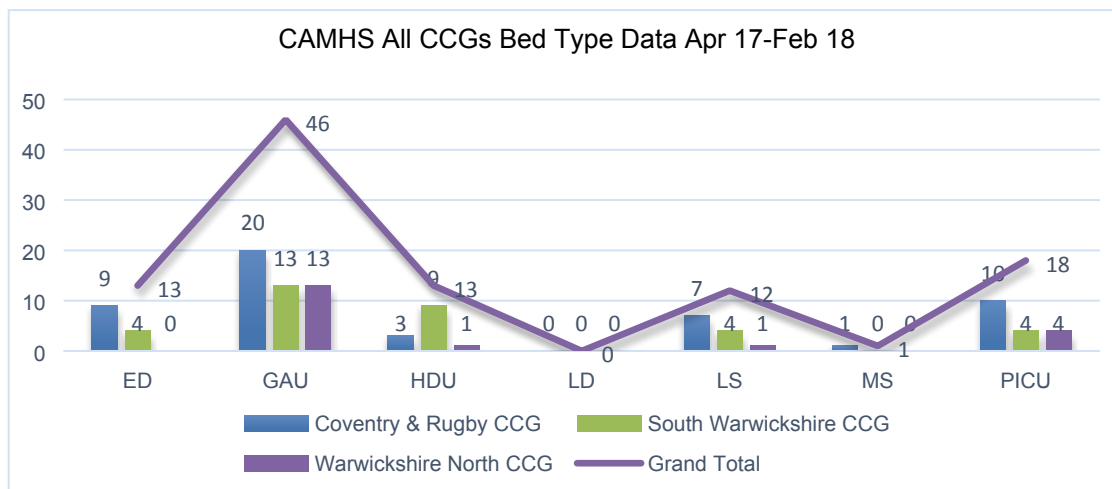
5.38 The limited regional benchmark data available in terms of tier 4 inpatient bed usage is based on snapshot data from NHSE. The snapshot data from 17.05.2018 demonstrates that Coventry and Rugby CCG had the highest number of admissions in Tier 4 beds across the region, while South Warwickshire CCG had the third highest. Warwickshire North are in the middle of the range.

Current Tier 4 Admissions 17.05.2018
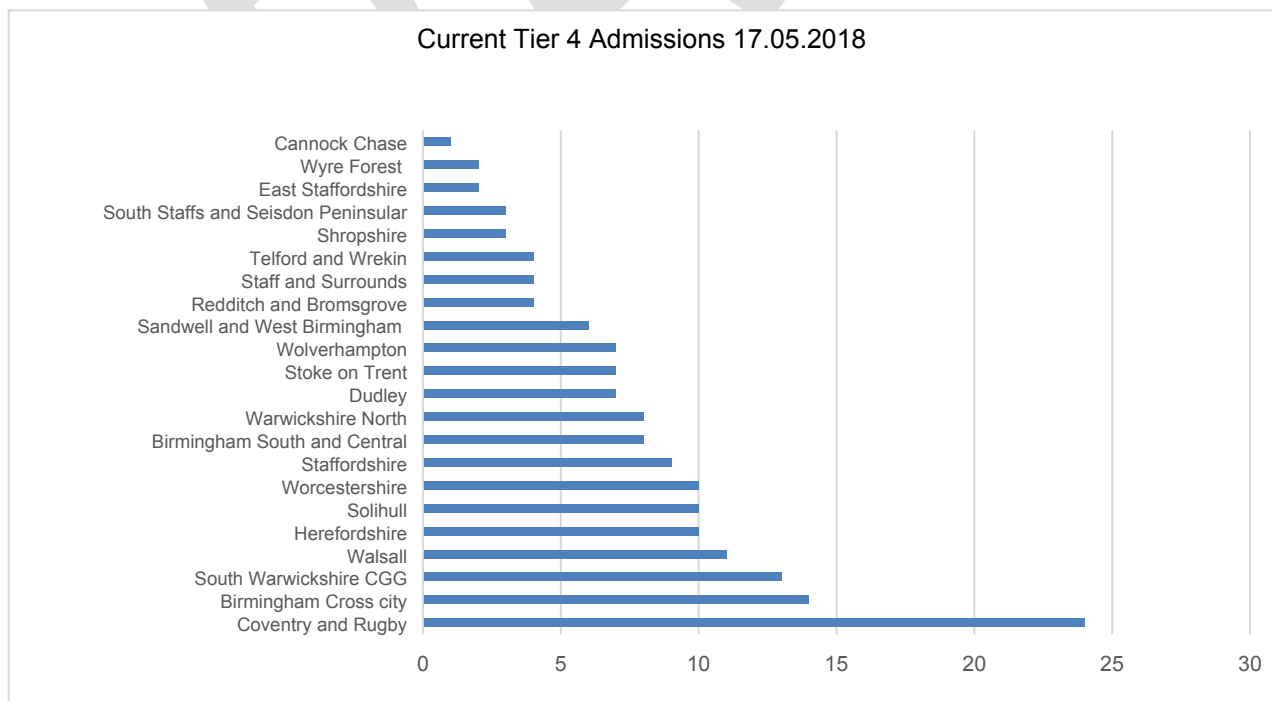
5.39 The numbers of children and young people in a tier 4 bed has been identified as a key Transforming Care issue locally. As at April 2018 the TCP had 15 children and young people in hospital; more than they had at the start of the Transforming Care programme. It is reported that the TCP has the second highest number of children with a learning disability and/or autism in tier 4 beds nationally. Data from the Midlands and East indicates that 18%

of the cohort of individuals with a learning disability and/or autism in tier 4 beds is from Coventry and Warwickshire. Due to the performance, the TCP has been placed in red escalation by NHSE and has had to develop a cross system recovery plan to improve the position.   One of the key areas for the TCP recovery plan is to reduce admissions of children and young people.

TABLE 7. TRAJECTORY FOR TRANSFORMING CARE BED USAGE

	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18
CCG Trajectory	17	18	19	19	19	19	19	18	18	18	18	18
CCG actual	20	21	21	21	20	19	21	20	21	23	24	26
NHSE Trajectory	35	35	36	35	35	35	34	34	34	32	30	28
NHSE actual	46	41	41	41	44	45	43	43	42	39	39	42

Proposals Developed with Stakeholders

5.40   In response to the challenges mentioned above a stakeholder event was held in January 2018 to bring together system views, including NHS England about what the gap in system is and what needs to be commissioned to address the gap.

5.41   In broad terms there are three problems that need addressing through a new model of care and collaborative commissioning:

- Increasing number of admissions to tier 4 inpatient beds
- Pressure at University Hospital Coventry and Warwick Hospital caused by young people presenting in crisis
- Pressure on the core CAMHS service

5.42   By triangulating data, feedback from providers, commissioners, and stakeholders, it is evidenced that the following are gaps in provision:

- Young people who present at local acute hospital outside the core Monday – Friday 9-5 hours of the Acute Liaison Team
- Young people who are presenting in crisis with mental health needs and do not have LD, ASD or an eating disorder and require home treatment
- Young people with LD or ASD presenting where the main need is mental health crisis

5.43   The overwhelming response was that there was a need to commission a tier 3 plus service. After further engagement with local stakeholders and NHS England, a joint Coventry and Warwickshire proposal has been developed to commission a Tier 3 Plus service:

5.44   There are two phases to the proposals:

- Phase 1 - Extend the Acute Liaison Service to cover 7 days a week and increased capacity to undertake outreach work (increase from 3.7FTE to 10.8FTE)
- Phase 2 - Commission a Tier 3 Plus Service (extend the Acute Liaison service to 15FTE) and rebrand the service

5.45   The first-phase business case has allowed for the start of recruitment and expansion of the current ALT to meet the current demands in the acute sector with the following aims:

- extend Acute Liaison Team hours to cover 7 days a week over extended periods

- undertake assessments on young people presenting at UHCW and Warwick Hospital. 100% seen up to a maximum of 48 hours

5.46 The second-phase full business case is for a Crisis Tier 3.5 service which has been completed and now sits with NHSE. This aims to deliver a service that will work with those CYP in crisis to avoid admission or facilitate early discharge and support diversion away from tier 4 provision. The Service would target a cohort of CYP who are:

- at risk of immediate and significant self-harm
- in an immediate and significant risk to others due to their mental health
- being considered for admission to a mental health inpatient unit;
- in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves;

5.47 The business case identifies the need to respond to young people in crises, and undertake assessments on young people in the community (as an alternative to presenting at hospital – where clinically appropriate), provide planned intensive intervention following the initial crises response.

5.48 The proposals would achieve the following benefits:

- Improve throughput on Paediatric Wards and Acute Liaison Team
- Offer young people an alternative crisis response to presentation at Accident and Emergency departments
- Support young people in their home environment as an alternative to tier 4 inpatient admission
- Support timely and robust discharge form tier 4
- Reduce pressures on the Acute Liaison Team and CAMHS

Progress: delivering collaborative place based commissioning for children in crisis

5.49 Phase 1 of the proposal was signed off in August 2018 and implementation is underway, currently in the recruitment phase. The first-phase has allowed for the start of recruitment and expansion of the current ALT to meet the current demands in the acute sector with the following aims:

- Extend Acute Liaison Team hours to cover 7 days a week over extended periods
- Undertake assessments on young people presenting at UHCW and Warwick Hospital. 100% seen up to a maximum of 48 hours

5.50 The CAMHS Transformation Board is now overseeing the development of the Extension to ALT and the new Tier 3 Plus service, to see the review the plans for the expansion, including the KPIS and monitoring performance of the extended service. . Furthermore, additional governance and oversight is being provided by the Chief Executive of Coventry and Rugby, and Warwickshire North CCGs through a Children in Crisis Working Group that is driving forward this agenda

5.51 The second phase of proposals to commission a full tier 3 Plus model was taken to the September 2018 CRCCG and WNCCG joint Governing Body meeting. The overall model was agreed. The second-phase full business case is for a Crisis Tier 3.5 service which has been completed and now sits with NHSE

5.52 The intention is to fund the changes through collaborative commissioning with NHSE. NHSE are testing new care models in mental health services. This can involve delegating responsibility for the budget for in-patient services to local provider partnerships, so they can ensure funding is spent effectively as possible. Pilot areas such as Hertfordshire and

London are in the early stages of testing these new models. A full evaluation of the programme is underway and will report in late November 2018. This is referred to as a collaborative commissioning approach and new models of care. This approach presents an opportunity for Coventry and Warwickshire.

5.53 Discussions are underway with NHSE in relation to delegated budget for tier 4. The landscape has changed since the proposal was developed, as NHSE have confirmed that the direction of travel is to more regional collaborate commissioning models, however Coventry and Warwickshire would still like to explore being the first wave of any wider regional approach.

5.54 There have been a number of meetings that have taken placed with specialised commissioning and the CCG lead/joint commissioners across Coventry and Warwickshire to develop and agree both the extension of the ALT service and the tier 3 plus plans. There was also a discussion at the STP Acute and Crisis care on the 3rd October to ensure joined up developments and pathways.

Potential impact

5.55 The level of impact is expected to be a 25% reduction in admissions by year 2 (see graph below). This is realistic based on the fact that Coventry and Warwickshire has high baseline use of beds and that early evidence from pilot sites is showing a reduction of up to 25% can be achieved (equates to 28 admissions annually for Coventry and Warwickshire).

5.56 The range of the potential financial impact has been estimated:

- **Worst case scenario** - The service only has an impact on short term admissions (of approx. 31 days).
- **High impact scenario** - If the service can stop admissions that would have gone on to be the average number of bed nights (82).

FIGURE 17. TIER 4 INPATIENT ADMISSIONS
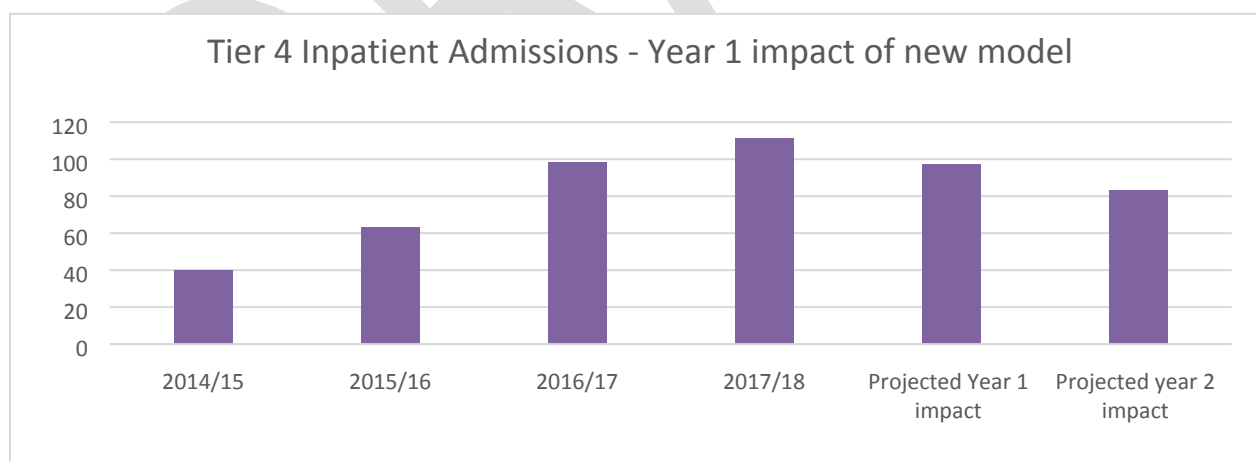
5.57 This second phase of the business case identifies the need to respond to young people in crises, and undertake assessments on young people in the community (as an alternative to presenting at hospital – where clinically appropriate), provide planned intensive intervention following the initial crises response.

5.58 The tier 3 plus service aims to deliver a service that will work with those CYP in crisis to avoid admission or facilitate early discharge and support diversion away from tier 4 provision. The Service would target a cohort of CYP who are:

- at risk of immediate and significant self-harm
- in an immediate and significant risk to others due to their mental health

- being considered for admission to a mental health inpatient unit;
- in acute psychological or emotional distress that is causing them to not be able to go about their daily activities, such as going to school and looking after themselves;

Support to vulnerable children

CAMHS LAC

5.59 To improve the mental health pathway for Looked After Children (LAC) and Care Leavers a new CAMHS LAC service has been jointly commissioned by Coventry and Rugby CCG and the City Council. The service formally launched in April 2017 and is being implemented on a phased basis.

5.60 The CAMHS LAC service is an integrated mental health service for LAC which is delivered in partnership between Coventry & Warwickshire NHS Partnership Trust (CWPT) and Coventry and Warwickshire Mind (CW Mind). The service brings together specialist CAMHS Service Support (tier 3) which is commissioned by Coventry & Rugby CCG, with the Journeys Service (CW Mind, tier 2), which is commissioned by the City Council. The service is part of an overall CAMHS Transformation Plan managed by Coventry and Rugby CCG on behalf of the wider children's partnership and reports to NHS England.

5.61 So far, the focus of activity has been on LAC (up to age of 18), but more recently the service has been expanded to the age of 21 to encompass care leavers, and CWPT and CW Mind implemented this.

5.62 Overall it is recognised that good progress has been made and the number of handover points in the system have been reduced for LAC in the new integrated pathway. Key areas of delivery are:

- Mental health assessments and diagnosis.
- Weekly case consultations for Social Workers to allow the Social Workers to support emotional wellbeing intervention and identified needs for the child. This is delivered by offering individual consultations or by attending the CAMHS LAC multi-disciplinary (MDT) forum.
- Consultation and training for residential staff, to support individual children and young people placed in their care.
- Ad hoc telephone advice for professionals.
- Nurturing Attachment training for foster carers.
- Foster carer drop-in sessions to support placement stability.
- The delivery of therapeutic interventions.

5.63 The CAMHS LAC team are able to support Social Workers to deliver their role in therapeutic life story work. Joint planning across CWPT and Social Care has started with co-locating CAMHS LAC staff with social care staff.

5.64 On the 2nd December 2017, the CAMHS Partnership of CWPT and CW Mind ran a session with the Coventry Children and Young People Partnership - Shadow Board. The learning from this session is being incorporated in to all CAMHS services, including the CAMHS LAC service. Some of the key feedback was:

- Young people's future, and money are the greatest sources of stress.
- Parents/carers need more support.
- Support should be across school and the community.

- School wide awareness campaigns are needed
- Services need to be more responsive to the cultural diversity of Coventry.
- Services need to developed through collaboration/co-production with young people.
- Barriers are felt by men/boys to accessing services.
- Accessing help comes with stigma.
- Need safe places e.g. drop in sessions.

5.65 Social Care have recently moved location into Broadgate House, where there is a presence of the CAMHS LAC service. Once the refurbishment in Broadgate House is complete, a more formal co-location of the CAMHS LAC service will begin.

5.66 The KPI for CAMHS LAC service is not being met. Plans are in place for a service review.

Service Line	KPI	Threshold	Frequency / Reporting		Q1 17-18	Q2 1718	Q3 17-18	Q4 17-18
CAMHS LAC	Referral to treatment: Looked after Children 4 weeks Coventry	95%	Quarterly	Numerator	27	18	16	21
				Denominator	36	26	21	28
				Percentage	75%	69%	76%	75%

Youth Offending

5.67 Youth Offending Teams (YOT) are a statutory entity under The Crime and Disorder Act 1998 (s39) and health authorities, who have a YOT which lies within their area, have duty to co- operate and this includes financial and physical resource. The Health and Social Care Act (2012) schedule 5, Part 1 also applies.

5.68 The young people who enter the criminal justice system (CJS) routinely have complex backgrounds, high vulnerability, suffer significant deprivation and disadvantage and have high needs. Their engagement in CJS can often be the first time that their health needs are assessed and responded to. The YOT health service provides an excellent "right door "to access services essential to their well-being and their families (who also frequently require support, signposting, referrals to health services).

5.69 CYOS health resource includes:

- Outreach services, essential in reaching young people who have often disengaged from services and yet have the highest needs
- Custody services (post sentence cell block assessments)
- Holistic assessment
- Signposting to other services such as more specialist assessment in CAMHS, CGL, physical health services in Paediatrics,
- Therapeutic intervention specific to the young persons need
- Family intervention, support and signposting
- Physical health support and signposting
- Mental Health assessment and review
- Liaison with other services such as YOI health teams, CAMHS, paediatrics, out of area services, adult mental health services etc.
- Psychoeducation around specific mental health conditions
- Risk assessment and crisis planning in relation to self-harm and suicide

- Enhanced case management for young people who have suffered multiple adverse experiences and require additional support
- Pre-sentence report health reports to inform sentencing and recommendations

5.70 In Coventry, CWPT have two Band 7 staff on permanent secondment and co-located within the Coventry Youth Offending Service. Both members are qualified mental health nurses with additional therapy training. CWPT commission clinical supervision and a management oversight of the health team. The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to Court Orders. They also work with their families where possible. They provide mental health input into pre-sentence reports and liaise closely with police and the secure estate.

5.71 In addition to their clinical work they also provide consultation and training to all staff within the multi-agency YOS and consultation to all partner agencies involved with the young person. As they are CAMHS workers they have established access to specialist services within CAMHS when required.

5.72 The Coventry CAMHS workers in YOS in 2017/18 have support 95 referrals and 663 total contacts, and in WYJS 68 referrals and 508 contacts.

5.73 In Warwickshire, CWPT have one Band 7 and one Band 6 (1.0 WTE and 0.6 WTE respectively) on permanent secondment and co-located within Warwickshire Youth Justice Services. One member is a qualified mental health nurse with additional systemic training and the other is an accredited counsellor. Also, CWPT commission clinical supervision and management oversight of the health team at 0.1 WTE.

5.74 The workers employ an assertive outreach model in relation to direct therapeutic work with young people who are subject to Court Orders. They also work with their families where possible.

5.75 They also provide consultation and training to all staff within the multi-agency YJS and consultation to all partner agencies involved with the young person. They provide mental health input into pre-sentence reports and liaise closely with police and the secure estate.

The Health & Justice Children & Young People's Mental Health Transformation Programme

5.76 The Health and Justice CYP Mental Health Work stream aims to improve outcomes for children and young people held within, transitioning into or out of, the Children and Young People's Secure Estate (CYPSE) either on youth justice or welfare grounds.

5.77 Collaborative Commissioning Networks is one of three workstream projects is intended to bring together the various partners that are involved in the commissioning of services for very vulnerable children and young people, in order to deliver full clinical pathway consideration for all children and young people who have received services delivered via NHS England Health & Justice directly commissioned provision. As part of the workstream CCGs within the West Midlands were invited in October 2017 to submit proposals on Local Transformation Plan footprint areas, on how they could improve outcomes for children and young people held within, transitioning into or out of, the Children and Young People's Secure Estate.

5.78 Coventry and Warwickshire submitted a proposal to NHS England and secured funding of £99k per annum to employ two workers to:

- Link with secure accommodation centres to support the transition from secure to the community on discharge. This is to prevent a breakdown in support by enabling the

relationship between the young person and the MH worker to be established prior to discharge.

- Deliver Liaison and Diversion work in the community as Warwickshire does not have this work funded.

5.79 CWPT has tried a variety of means of recruitment but have been unable to recruit to the positions. Commissioners in Coventry and Warwickshire are currently in liaison with NHSE to discuss options for delivering this service as several recruitment attempts have been made.

Warwickshire Vulnerable Children's Pathway

5.80 The outcomes framework that underpins the Rise service model in Warwickshire places a significant focus on supporting vulnerable children and young people. CWPT and CWM are working to develop a blended Vulnerable Children's Service as part of the Rise model to deliver a blended service across tiers for Children Looked After; those in the Youth Justice Service; and with SEND (including LD and ASD. This service will aim to build on the well regarded service elements of 'Journeys' (for Children Looked After) and the integrated model of Youth Justice health support.

5.81 However, there has been a delay in establishing the new pathway which was due to be operational in March 2018. Warwickshire Commissioners are working with Rise to establish an action plan to establish the new service in 2019. A multi-agency workshop has been set for November 2018 between Rise and partner services including Social Care and Youth Justice to develop an action plan for developing the pathway.

ASD Pathway

5.82 National context: waiting times for ASD assessment are a challenge nationally. Research from City University London published in 2015, sampled 1047 parents and found on average there was a delay of around 3.5 years from the point at which parents first approach a health professional with their concerns to the confirmation of an autism diagnosis. The local picture is below:

TABLE 8. WAITS FOR ASD ASSESSMENTS (NOVEMBER 2017)

ASD Assessment wait	Coventry	Warwickshire
Average wait	69 weeks	Rugby- no data WNCCG: 42 weeks SWCCG: 59 weeks
Shortest Wait	14 weeks	Rugby: no data WNCCG: 2 weeks SWCCG 2 weeks
Longest Wait	124 weeks	Rugby: up to 78 weeks WNCCG: 150 weeks SWCCG 178 weeks
No of children waiting	216 Pre School, 593 School Age (Total – 809)	Total 733 School Age Only Rugby: 83 WNCCG: 216 SWCCG: 434

TABLE 9. WAITS FOR ASD ASSESSMENTS Q1 2018-19 (APRIL – JUNE 2018)

ASD split by preschool and school age – Q1 2018-19			
	CRCCG	SWCCG	NWCCG
Number of referrals for assessment	29	13	13
Current Capacity for assessments	172	31	21
Number of patients waiting for assessments	944	374	228
Average time patients have waited for assessments (in weeks)	87.5	114	65
Longest waits for an Assessment (in weeks)	96.5	135	85
Number of individuals patients receiving post diagnosis sessions	18	0	11

5.83   The average waits in CRCCG are going up from 69 weeks in November 2017 to 87.5 weeks in June 2018, due to the caseloads continuing to increase. However, there is evidence of an increased in the number of assessments that have been completed for ASD in CRCCG over the last two years, as shown in the tables below.

TABLE 10. NUMBER OF ASD ASSESSMENTS COMPLETED 2016/17

Performance Indicator	Threshold	2016/17											
		APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	JAN	FEB	MAR
Number of ASD assessments undertaken each month	CRCCG – 33	14	17	23	28	37	28	31	33	8	45	44	29
	WNCCG – 10	18	9	23	12	14	13	12	15	0	16	13	17
	SWCCG – 15	8	7	8	6	2	8	13	11	5	9	11	12

TABLE 11. NUMBER OF ASD ASSESSMENTS COMPLETED 2017/18

Performance Indicator	Threshold	Value	2017/18											
			APR	MAY	JUN/Q1	JUL	AUG	SEP/Q2	OCT	NOV	DEC/Q3	JAN	FEB	MAR/Q4
Number of ASD assessments undertaken each month	CRCCG – 33 WNCCG – 10 SWCCG – 15	CRCCG	43	67	49	41	44	45	36	63	25	58	42	44
		WNCCG	13	16	8	20	7	11	17	21	5	16	12	6
		SWCCG	15	10	13	10	7	6	11	16	13	10	17	11

TABLE 12. NUMBER OF ASD ASSESSMENTS COMPLETED 2018/19

Performance Indicator	Threshold	2018/19		
		APR	MAY	JUN
Number of ASD assessments undertaken each month	CRCCG – 33	73	53	62
	WNCCG – 10	3	9	9
	SWCCG – 15	18	9	4

5.84 The number of ASD assessments is going up significantly in CRCCG, with 337 completed in 16/17, and 557 completed in 17/18.

- Whilst children & young people are waiting, parents are directed to the website to access info – e.g. our parent & carer education sessions and other support, access to leaflets, direction to other support, etc. The acknowledgement of referral letter also provides direction to support.

- There are 15-minute telephone consultations – both pre-assessment and after assessment. There are 24 slots per week. There is a high take up of these slots.

5.85 The diagnostic pathway for ASD was under significant pressure caused by demand outstripping the number of clinical assessment slots available. This was caused by a significant increase in referrals for ASD assessments and school age children waiting for assessment from the Neurodevelopmental Service at CWPT. At the same time, it was recognised that approximately 30% of young people who get referred, do not go on to receive a diagnosis after assessment. The CAMHS Transformation Delivery Board led a piece of work to develop a new pathway to improve the experience for children and young people and ensure where appropriate, young people can access support earlier.

5.86 The issues have been progressed through the following activity:

a) Securing funding from NHSE to tackle ASD waiting times through commissioning a framework of providers to deliver additional assessments across Coventry and Warwickshire.
b) Engagement with over 100 Coventry head teachers through the Primary and Secondary Partnership meetings to understand issues from an education perspective, such as drivers for demand, and possible support solutions;
c) Engagement with specialists in the Neurodevelopmental Service (CWPT) to understand the needs of young people and processes;
d) Development of a new pathway at the multi-agency CAMHS Transformation Delivery Board;
e) Testing and refining the new draft pathway with stakeholders at:
    o Head teacher forums
    o General Practitioners
    o Education Psychology Service
    o Children's Joint Commissioning Group (CCG, Education, Local Authority, Public Health)

5.87 The key features of the new pathway in Coventry are:

a) An online app 'Dimensions', now available to all parents and professionals across Coventry, which helps match the needs of children to support that is already freely accessible across Coventry.
b) An in-school triage, so parents can share concerns with Special Educational Needs Coordinators and Educational Psychologists at an early stage and agree how best to support.
c) An Early Intervention programme, available to children whose parents are concerned about their child's social communication but who are not yet wishing to pursue a diagnostic assessment.
d) A streamlined process for gathering information as part of the Early Intervention programme so that, should a diagnostic assessment be necessary, the necessary supporting information is readily available.

e) Improved information for parents about the range of support that is available in Coventry and how it can be accessed, with or without an ASD Diagnosis.

f) Additional specialist ASD assessment capacity commissioned using additional funds secured from NHS England. Currently subject to a commissioning process.

5.88 The new pathway went live in January 2018. The benefits of this new pathway in Coventry are:

a) Joint ownership of the pathway across CWPT, Local Authority and CCG
b) Where clinically appropriate, young people now get targeted support and intervention
c) In the medium to long term young people requiring full diagnostic ASD assessment will get quicker access as more young people are diverted to early support

Transforming Care Partnership

5.89 A key component of the Arden Transforming Care Partnership (TCP) plan is the delivery of a reduction in the numbers of children, young people and adults in inpatient settings in line with *Building the Right Support*. The TCP is expected to deliver the following by March 2019:

- 19 children, young people in NHSE commissioned inpatient provision (CAMHS Tier 4 and low, medium and high secure)

5.90 As at the end of April 2018 the TCP remained over trajectory in relation to the target number of children, young people and adults in inpatient settings.

TABLE 13. TCP TRAJECTORY

	Apr17	May17	Jun17	Jul17	Aug17	Sep17	Oct17	Nov17	Dec17	Jan18	Feb18	Mar18	Apr18
CCG Trajectory	17	18	19	19	19	19	19	18	18	18	18	18	26
CCG actual	20	21	21	21	20	19	21	20	21	23	24	26	26
NHSE Trajectory	35	35	36	35	35	35	34	34	34	32	30	28	36
NHSE actual	46	41	41	41	44	45	43	43	42	39	39	42	35

5.91 The numbers of children and young people in a tier 4 bed has been identified as a key issue locally. As at April 2018 the TCP had 15 children and young people in hospital; more than they had at the start of the Transforming Care programme. It is reported that the TCP has the second highest number of children with a learning disability and/or autism in tier 4 beds nationally. Data from the Midlands and East indicates that 18% of the cohort of individuals with a learning disability and/or autism in tier 4 beds is from Coventry and Warwickshire.

5.92 One of the key areas for the TCP recovery plan is to reduce admissions of children and young people and in particular to improve the preventative offer for children and young people with ASD.

5.93 Meeting the needs of children and families with autism; especially those who do not have a learning disability, has been identified as a key local gap. It is estimated that 75% of local children and young people in tier 4 beds have a diagnosis of autism and no learning disability. The TCP recently undertook a deep dive of 10 consecutive admissions to tier 4 beds and found that all of the young people had a diagnosis of autism and only one also had a diagnosis of a mild learning disability.

5.94 In line with the requirements of *Building the Right Support* the TCP has commissioned the following services for children and young people.

Intensive Support for children and young people with LD and/or ASD	✓ Pilot intensive support service operated by CWPT using £512K transformation funding across Coventry, Warwickshire and Solihull from April 2018.
	❖ Crisis pathway part of CAMHS transformation plan across TCP - work taking place to scope crisis support offer.
Forensic support for children and young people	✓ FCAMHS procured regionally through Specialised Commissioning. Provided by Ardenleigh.

ASD Community Support Project

5.95 The TCP is also commissioning the following support on a pilot basis starting from November 2018 based on the gaps identified using funding applied for, via the Accelerator bidding process, to support this pilot development.

Pre-diagnosis – Outreach Community Support

5.96 Targeted outreach community support to children, young people and families who are on the waiting list for an autism diagnosis. This may include focused and practical support to the child and their family around sensory integration, behaviour, boundaries and routines, understanding and communicating feelings, eating and sleeping. This could be provided within the home, a community setting or school. The link between home and school has been identified as a significant area for focus, in particular facilitating understanding of issues at home and how putting support in place in school can help reduce these issues at home. There may also be a need to support other services that individuals access pre-diagnosis to make reasonable adjustments.

5.97 Referrals can be made by health, education or social care as well as families self-referring.

Post-diagnosis – Targeted Post Diagnostic Community Support

5.98 Provision of 1:1, paired or small group support to children and young people with a diagnosis of autism but who do not meet social care or CAMHS criteria or where the school has not commissioned specific support as behaviours are mostly at home. Individuals may be exhibiting anxiety and/or behaviours that challenge or are going through a significant transition period. Work may take place in the home, community or will be school-based.

5.99 The main focus of support would be 'collaborative problem solving' with the children, young people and their families. As well as practical support this may include helping children and families to navigate what support is available to them.

5.100 Children, young people and families can be referred for support at any time post diagnosis. Access will not be limited to the immediate period after diagnosis.

Individual outcomes/objectives of the services

Support children, young people and families with autism around the following:
- Understanding your diagnosis

- Maintain children and young people in their home environment
- Maintain children and young people in their school
- Improved attendance at school
- Prevent escalation of mental health issues
- More resilient children, young people and families
- Improved health and wellbeing
- Reduction in behaviour of concern
- Develop independent living skills
- Accessing the community and socialising
- Managing transitions

Children with low school attendance/do not access education in Coventry

5.101 Across Coventry, there is a group of children and young people for whom poor mental health is leading to low school attendance. Some members of this group do not access any form of education. Whilst there is no centrally-held data set, it is apparent from initial research that this is an issue effecting children and young people right across the City.

5.102 An improving Attendance Working Group was established in December 2017 to identify the needs of these children and young people and to formulate a cross-city approach to support.

5.103 The working group hope that by providing a coordinated response, early on, we will be able to increase the number of children and young people who successfully re-engage with education after a period of absence and reduce the demand for in-patient care.

5.104 The working group includes representatives from services in Education, Health and Social Care as well as a parent. The working group has three key objectives:

- To provide outstanding support to all children and young people which promotes positive mental health and delivers early intervention when children first experience mental health difficulties.
- To build the resilience of children and young people who have stopped attending school
- To help more children and young people to re-engage with education following a period of absence due to poor mental health.

5.105 The working group is developing the pilot model to support this vulnerable group, including with family hubs as part of the offer. Discussions have been held locally at the transforming care meetings to have a joined up approach, and view to undertaking a joined up assessment for children who experience sustained difficulty with reengagement.

Children's and Young People's Independent Access to Psychological Therapies (CYP IAPT)

5.106 The academic year 2015-2016 was the first year for CWPT as part of the Reading University CYP IAPT collaborative. CYP IAPT is a service transformation programme delivered by NHS England that aims to improve existing CAMHS. The aim of CYP IAPT is not to create new standalone services, but to embed a set of principles into existing services.

5.107 The key principles of CYP IAPT include:

- Using regular feedback and IAPT's trademark session-by-session outcome monitoring to guide therapy,
- Improving service user participation in treatment, service design and delivery,

- Improving access to evidence-based therapies by training existing CAMHS clinicians in an agreed, standardised curriculum of NICE approved and best evidence-based therapies
- Training managers and service leads in change, demand and capacity management

5.108 All of these principles featured in the aims of the service in relation CWPT and Coventry and Warwickshire Mind ongoing redesign.

5.109 Over the last 2 years CWPT have trained staff who have qualified as Cognitive Behaviour Therapists and as Supervisors for this model and on therapist and supervisor training for accredited parenting programmes. In addition, individuals have undertaken the leadership training to ensure the provider infrastructure supports the changes that are required to develop service delivery in line with the national ambition for CAMHS.

TABLE 14. CWPT STAFF TRAINED IN CYP IAPT

	2015/16	2016/17	2017/18	Target for 2018/19
Staff trained	10	3	8	9

5.110 Two staff this year have been appointed on a 'recruit to train' basis, though these are fixed term training posts part funded by Health Education England as part of a national initiative to expand the CAMHS workforce. CWPT are preparing to send more staff and appoint others in 'recruit to train' posts. This forms part of the workforce strategy to address recruitment difficulties.

5.111 The benefits of this training are reported as increased confidence and competencies of clinicians trained with clearer understanding of the benefits of using routine outcomes measures and via improved clinical supervision.

5.112 During 2017-2018 CWPT expanded the training by sending staff on a CYP IAPT Systemic Family Practice course, including one with a special focus on Eating Disorders and are facilitating access to the training courses for colleagues in Coventry and Warwickshire Mind.

5.113 This year we are continuing our commitment to the CYP IAPT directive to embed evidence based practice with the Rise Pathways by recruiting 2 clinicians, who will undertake accredited training in Cognitive Behaviour Therapy. These trainees undertake their clinical work on pathways within the service with robust supervision from the University of Reading as well as from our internal supervisors, who have themselves undertaken the CYP IAPT supervisor training. We have 1 trainee this year who is on target to successfully complete the training who will be offered a substantive position within the service on completion of their training.

5.114 We have this year our first cohort of well-being practitioner trainees, as this is a relatively new training programme in CYP IAPT. These trainees deliver evidence based interventions following guided self-help models and have been placed within our community teams (Primary Mental Health) to work with children and young people whose difficulties are appropriate for this level of intervention. These are new roles that will be considered within the service Workforce Forum as we continually review the clinical profile of our teams. Their training expands the work pool available to us when we plan how to deliver interventions within our community provisions as well as supporting the specialist interventions on the pathways. Each year we provide the opportunity for our own clinicians to undertake the

supervisor training to ensure we have a robust supervisory and governance structure to support this provision.

5.115 We have appointed an assistant psychologist who has a dedicated role in developing and facilitating participation. This will serve to enhance the existing resource provided by the Mind Participation worker and is overseen by the Rise Business Manager.

5.116 Key clinicians and leaders, who have undertaken CYP IAPT training at Reading University, have formed the Rise Outcomes Forum where the outcomes measures are reviewed and researched in order to ensure that the service is using appropriate tools for our service that are both clinically useful and consistent with guidance from CYP IAPT and the Clinical Outcomes Research Consortium (CORC). This forum is responsible for supporting and monitoring the use of outcomes measures and moving the service towards higher levels of engagement in completion and recording of the required outcomes measures.

Local arrangements to support involvement of other agencies in CYP IAPT

5.117 Discussions have been held with WCC, CCC and third sector organisations who currently work closely with CAMHS / Rise to identify appropriate local authority and third sector staff to participate in CYP IAPT going forwards.

Early Intervention in Psychosis (EIP)

5.118 Children's and Young Peoples access for Early Intervention in Psychosis is routinely monitored. The numbers of young people waiting to be seen has been reducing year on year across Coventry and Warwickshire; 42 young people were waiting to be seen at 31st March 2016, 24 young people at 31st March 2017, and 4 young people as of the 31st March 2018.

5.119 Our local EIP service is commissioned for individuals aged 14 to 65 years. The service specification states the following, in relation to NICE-recommended treatment:

- The EIS component teams each operate under the Psychiatric Assertive Community Treatment (PACT) model, with variations as laid out in the Department of Health Policy Implementation Guidance for EIS. The key features include:
  - Care Coordinator: client ratio = 1:15;
  - 7 days/week, 365 days/year;
  - Initially at least weekly contact but as time goes on to be negotiated with service user and carer;
  - Engagement is predominantly in community settings, engagement normally occurs in low stigma settings of the clients choosing (home, primary care, and resource centre) and would not usually involve out-patient clinics or day centre settings.

5.120 Across Coventry and Warwickshire, the EIP service has faced challenges in meeting the access, treatment length and care-coordinator ratio NICE guidelines. To address this, SWCCG and CRCCG governing bodies have approved or are in the process of considering additional funding for the service, to increase the number of care co-ordinators to a level that CWPT have assured will result in compliance of these requirements. The decision for WNCCG will be taken in Q4 2018/19 following evaluation of the impact of the additional funding in SWCCG and CRCCG.

5.121 In relation to NICE compliant treatment offerings, these are met variably across Coventry and Warwickshire, which has been acknowledged by the CCG and is a result of the staffing skills mix. The 2016 EIP self-assessment suggested that provision of NICE-recommended treatment (CBTp, Brief Family Intervention) was below the national benchmark. It was

recognised at this time that the service lacked capacity of psychologist/CBT therapists and there were no dedicated family therapists within the team, however this was at a point in time

5.122 Historically the provision of care for early intervention in psychosis is split between the Early Intervention for Psychosis team (EIPT) within CWPT Integrated Community Services (ICS) for those aged 17-65 years and CAMHS within Children's and Families Services (CFS) for those under age 17. Joint working arrangements are in place between these teams for those young people aged 14 to 17 years.

5.123 It is supported by CAMHS practitioners as part of their job plan to the EIPT to ensure an integrated approach to young people with psychosis in particular they would be able to provide advice about neurodevelopmental issues. The teams would provide consultation, assessment, treatment and co-ordinate the care of all young people with psychosis.

5.124 There has been a lot of work done jointly with CAMHS on the pathway for young people and early intervention and there were link workers in place between both services to ensure smooth transition. Young people need to be open to CAMHS until their 17th birthday and during that period the 2 services jointly agree a care plan, CAMHS hold case responsibility but there is full access to any interventions provided by the EI Team where clinically appropriate. Each young person will also have a care co-ordinator allocated from the EI Team. The service have advised the numbers of young people are small and most who have an assessment with EI do not go on to be part of the EI caseload as they often have other conditions such as Emotional Unstable Personality Disorder.

Transitions to Adult Services

5.125 The current year 2017/18 has seen the implementation of the Commissioning for Quality and Innovation (CQUIN) for transition to adult services which focuses on improvement of patient & carer involvement, experience and outcomes in transitions out of CAMHS.

5.126 This CQUIN will produce the following:

- A review and development of a Safe Transition and Discharge Protocol for CAMHS
- Develop and report baselines of a user and carer survey, to be agreed with Commissioners, with a response rate of at least 40%, that will evaluate:
    o % of service users and carers who were involved in the transition planning process
    o % of service users and carers who are satisfied with the transition planning process
    o % of service users and carers who perceive their agreed outcomes (documented in the personalised care plan) were met
    o % of service users that know who their key worker is and how to contact them
- Implement a safe Transition and Discharge Protocol.
- Undertake audit of the protocols with the audit to include further collection of carer and user experience.
- Review outcome of the audit, develop an action plan and implement the results of audit and report via an action plan to be shared with commissioners.

Mental Health Services Dataset

5.127 The Mental Health Service Dataset is completed every month. Data for Warwickshire Mind activity is uploaded by CWPT on behalf of Mind as a result of the sub-contract arrangements they have in place. For Coventry, as Mind and CWPT operate on separate

contracts, CWPT are unable to upload on behalf of Mind. Mind participated in the one-off data collection, and support has been sought from NHSE to support Mind in developing a monthly upload of data, so this can be captured in reporting. CW Mind is included in CWPT return. CW Mind have not been flowing data through to the MHDS for Coventry which has meant that the overall data set is not complete. CRCCG is currently working with and supporting CW Mind to flow data through MHSDS; we have requested support from NHSE in this process.

CQUIN

5.128 Via the contract negotiations it was agreed that across all CQUIN schemes, CWPT would be required to submit monitoring data on a variety of CQUIN schemes. For the CAMHS CQUIN scheme this was locally identified as ADHD transitions and as such a post was developed to support this process. For 2017/18 it has been confirmed that CWPT met the submission criteria for this indicator.

5.129 Aims/Objectives:

- Pilot and test the proposed ADHD Transition Pathway from CAMHS to adult services, ensuring that the range of complex needs are appropriately met.
- Consult and agree with key stakeholders in primary and secondary care the prescribing element of the pathway, to provide assurance and education for all parties on how shared care arrangements will work. This will include developing the range of resources, policies and treatment guidelines that will need to be in place and available for the pathway to be implemented successfully.
- Expectation is that no child transitioning during 2014/15/16/17 should see their prescribing ceased by CWPT unless clinically appropriate, irrespective of any delays in agreement of shared care protocols.
- Strengthen existing processes for children with learning disabilities, to include involvement of Specialist Services Transitions Co-ordinator in a timely fashion at the required points in the process.
- The CQUIN scheme was rated GREEN (i.e. targets achieved in full) for all milestones for the year.

Eating Disorder Service

5.130 The Community Child and Adolescent Eating Disorder Service (CEDS) was developed to reduce hospital admissions and improve long term outcomes for young people and adolescents with Eating Disorders. A community-based eating disorder service has been operational throughout year three of the CAMHS transformation Plan. CRCCG, SWCCG and NWCCG; all three CCGS across the cluster have partnered up to commission CWPT to deliver the eating disorder service. This service is engaged with the Quality Network for Community CAMHS (QNCC) which means that it is part of a nationally recognised quality improvement arrangement.

5.131 This service provides easy access for patients where an Eating Disorder is suspected. Referrals are accepted where there are suspected Eating Disorders from GPs and other professionals including school nurses. The Service offers specialist assessments are undertaken in Coventry and treatment is provided across Coventry & Warwickshire. The service is staffed by a Psychiatrist, Specialist Nurse, Clinical Psychologists, Psychological Therapist, Dietician, Family Therapists and Mental Health Practitioners.

5.132 The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE) concordant

treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and one week for urgent.

Eating Disorder Treatment Standard: Baseline and Performance Percentage seen within: 1 week (urgent); <4 weeks (routine)						2018/19
		2017/18				2018/19
		Q1	Q2	Q3	Q4	Q1
CRCCG	Routine	59%	86%	95%	91%	71%
	Urgent	0%	100%	100%	0 cases	0%
SWCCG	Routine	60%	73%	86%	92%	50%
	Urgent	0 cases	0%	100%	0 cases	100%
NWCCG	Routine	100%	100%	100%	100%	50%
	Urgent	0 cases	0 cases	0 cases	0 cases	100%

5.133 The clinical pathway commissioned reflects the expected treatment interventions and waiting times as defined within national guidance including, Access and Waiting Time Standard for Children and Young People with an Eating Disorder July 2015, Future in Mind: Promoting, protecting and improving our children and young people's mental health and wellbeing 2015 and Eating Disorder NICE guidelines (2004). The focus being working towards the implementation of:

- Treatment within a maximum of 4 weeks which is being monitored during 2017/18
- Community based service with support and interventions in the home
- Enhanced family involvement and therapy
- Earlier intervention
- Increased psychological interventions

5.134 Data from Tier 4 admissions (table 8) shows that in 2014/5, 1 in 5 Tier 4 admissions were for Eating Disorders by 2016/17 this had reduced to 1 in 10 of all tier 4 admissions. It is too early to evaluate if this is a result of the development of the CED.

NHS tier 4 admissions Source NHSE			
	2014/15	2015/16	2016/17
Eating Disorder	8	12	10
All Tier 4 Admissions	41	69	100

Substance misuse

5.135 Public Health commissions a range of services to support the treatment and recovery of people affected by drug and alcohol misuse. CGL (Change Grow Live) is our new Provider and began the service 1st August 2018

5.136 The "Positive Choices" service will focus on prevention, early intervention, harm reduction and treatment, to enable children and young people to adopt sustainable healthier behaviours in relation to:

- Substance Misuse (Drugs and/or alcohol)
- Sexual Health
- Poor/Coercive relationships

5.137 Staff will lead and/or specialise in areas to support practice and partnership development in conjunction with the three behavioural strands (e.g. Offending/Mental Health/Emotional Wellbeing/Exploitation/Hidden Harm).

5.138 The service is also required to participate in holistic assessments established with services including Child and Adolescent Mental Health Services or work to improve/commence holistic assessments with relevant services. The specification for this service provides the opportunity for the Commissioner to request the insertion of an agreed city-wide mental health assessment at period during the contract term

Trailblazer

5.139 South Warwickshire CCG has been invited to express interest in being selected to be a trailblazer site to deliver a mental health support team and a 4 week wait times pilot.

5.140 The proposal submitted is to fund two Mental Health Support Teams (MHST) within the South Warwickshire CCG area: one within the Central Warwickshire education area comprising the towns of Warwick, Leamington Spa and Kenilworth, and the second within the South Warwickshire education area comprised of Stratford-Upon-Avon and surrounding district.

5.141 The MHSTs will complement the Rise service by providing a greater range of direct interventions to individual pupils where the focus within the current Rise offer is on group work. Further, the MHSTs will address the following areas of need that have been identified through engagement with parents, Head Teachers, and stakeholders including Social Care, and an analysis of local need through the recent Warwickshire Education Strategy 2018-2023.

- Schools with high numbers of children receiving free school meals
- Schools with higher numbers of SEND children
- Children out of school
- Children in the virtual school (looked After).

5.142 The second proposal is to fund a four week waiting time pilot across South Warwickshire for all specialist pathways. This is based on the recent capacity and demand modelling across each of the pathways. Detailed business planning has now commenced in conjunction with CWPT to ensure timely recruitment and delivery of these services. The 4 week waits will be achieved by investing in the initial triage at the Navigation Hub and ensuring enough capacity to provide initial group or individual interventions to children and young people, or their parents (e.g. for anxiety group work).

5.143 Developing these proposals further will be undertaken using a co-production approach utilising parents and young people that the Rise service and Commissioners have recruited to support the ongoing development children and young people's mental health services in Warwickshire.

5.144 Both Coventry and Warwickshire and Warwickshire North CCGs are committed to applying to the Green Paper Trailblazer Scheme in future rounds. This is seen as a priority by both Commissioners and Providers who are keen to ensure equity of delivery across the STP. This will be a transformational opportunity for the Coventry and Warwickshire STP area by

increasing the early help offer in schools prevents escalation of need by providing a timely service.

5.145 There is a clear workforce plan for 2018-2020 for the Rise Service, which incorporates CWPT and the partnership with MIND, and interface with other partners.

5.146 For Warwickshire, this is underpinned by a Rise workforce map, that was submitted at the commencement of the service, showing a transition towards an increased prevention and early help staffing model. Appendix XX.

5.147 Rise has developed effective relationships with the wider workforce and has an established a well-regarded training programme for teaching, social care, VCS and other professions delivered by the Primary Mental Health Team on topics including self-harming, anxiety, mood disorders, and anger. Appendix XXX is an example PMHW quarterly report showing feedback from training. However, Commissioners recognise the need to develop a multi-agency workforce plan that enables a more strategic approach to developing a system-wide increase in capacity and integrated working. Both Coventry and Warwickshire Commissioners have begun discussions with Coventry and Warwickshire Education Departments, respectively, to commence a schools mental health and emotional well-being workforce mapping exercise in Q4, 2018/19. This mapping will be used to inform a multi-agency workforce plan for 2019/20.

5.148 This plan will also build on the Tier 2 redesign planned in Coventry, and for Warwickshire, the emerging role of the Rise Partnership bases.

5.149 Rise is a partnership between CWPT and CW Mind, and interfaces with Family Hubs and Community Hubs across Coventry and Warwickshire, with Social Care and other agencies.

Shared Delivery Plan

5.150 There are partnership arrangements between CWPT NHS Trust and CW Mind. These vary dependent on the services covered within the Rise framework.

- Warwickshire Services are a full partnership with CW Mind to ensure delivery of the Outcomes Framework developed by Local Authority and Warwickshire CCG.
- There are teams within the Rise service that are a collaboration of shared contractual agreements and service delivery with partnership teams under the Transformation plan – these include:
  - CAMHS LAC – Coventry
  - Eating disorder service/team
  - Enhanced PMHT for Coventry
  - CYP IAPT – in collaboration with Reading University

Hard to recruit roles

5.151 Staff returning from Maternity leave requesting reduced hours – this often lead to hours that are unable to be recruited.

- Band 6 practitioners
- Post with supervision qualifications – we currently are paying for external supervision (EMDR, DDP, CBT, NVR, Psychotherapy)
- Variable dependant on time of year and geography
- Short fixed term funded posts are difficult to recruit to - less incentive

5.152 Plans for apprenticeships (include WTE), type, levels

- Exploring the development of career pathways based on apprenticeship routes and access to levy funding (e.g. nursing degree apprenticeship and OT apprenticeship)
- New roles including Nursing Associate
- Development of leadership and management roles with formal apprenticeship learning (e.g. ILM level 5, MBA accessed through apprenticeship)

Succession Planning & Talent Management

5.153 High proportion of staff within age profile for retirement and supports need to succession plan

- Identify those who are able to support periods of absence, such as maternity (e.g. acting up role / secondment)
- Completion of appraisal documentation to support talent conversation
- Access to LBR funding to support ongoing professional development and development of career pathway

Training

5.154 The services in CWPT have undertaken a Training Needs analysis as part of the ongoing workforce delivery plan to ensure there is suitable training identified to continue to grow and skill the workforce. These are translated to plans for prioritisation based on a review by operational and safety and quality leads. CWPT have ongoing work to understand need, based on analysis of referrals and data from the Dimensions Tool, and to continue to develop training and development to respond to patterns of need through internal CPD, external training & development activities.

Roll-out training & upskilling the workforce
- Provision of training placements;
- Service redesign of the Family Therapy Model includes training posts within this model;
- Apprenticeship routes for professional development (e.g. Therapy apprenticeship);
- Development of leadership and management roles with formal apprenticeship learning (e.g. ILM level 5, MBA accessed through apprenticeship);
- Within Specialist Mental Health Services – honorary contracts, trainees and students;
- Non-Violence Resistance –Training links with Worcestershire University
- Recruit to train posts CYP IAPT
- Volunteering and work experience opportunities
- Work Experience opportunities;
- Band 1-4 development – new posts recruited to as clinical coordinators.
- Access for staff to complete internal leadership programmes
- Access to coaching;
- Plans to train and retain Wellbeing Practitioners for CYP

5.155 CWPT are maintaining the ongoing drive to retain these roles to support our "Community Offer" and, working as part of a team, to support key pathways of work, including the provision of guided self-help & support. CWPT have opened these training opportunities to social care & staff with other professional qualifications.

Reasonable adjustments to ensure appropriate urgent & emergency care for CYP with disabilities and autism

5.156 There is an Intensive Support Team that is being piloted locally. There has been ongoing staff recruitment and the team works with young people, who are being considered for

admission to tier 4. The team has and will continue to work with children and young people with LD and autism. All staff have received training in Positive Behaviour Support.

5.157 Further work is planned to train / upskill mental health professionals in autism.

TABLE 17. WORKFORCE PROFILE 2015-2019

CWPT Specialist CAMHS Service				Coventry and Warwickshire MIND			
	2015/16	2017/18	2018/19		2015/16	2017/18	2018/19
Staff Type & Band	**WTE**	**WTE**	**WTE**	**Staff Type & Band**	**WTE**	**WTE**	**WTE**
AHPS	**8.77**	**3.21**	**6.04**	**Reach**	10.8	11.4	**11.8**
Agency				CWM PMHW	4.4	4.8	6.2
Band 6	1.72	0.33	2.2	Relate Counsellors	4.8	4.8	3.2
Band 7	6.05	2.88	3.84	Admin	1	0.8	1
Band 8	1	0	0	Team Leader	0.8	0.8	1.4
Management	**0.5**	**2**	**9.44**	**Management**	0.5	0.5	**0.5**
Nursing	**32.93**	**64.98**	**39.63**	**Journeys**	7.2	6.6	**7.4**
Band 3			1.33	CW Coventry and Warwickshire Mind LAC Practitioner	4.6	5	6.6
Band 4			7.22	Relate LAC Counsellor	1.6	1.6	0.8
Band 5	0	5.56	2.00	**Admin**	1	0	**1**
Band 6	22.83	28.88	24.93	**Management (Admin)**	0.5	2.5	**0**
Band 7	10.1	21.99	12.7	**CWPT PMHS**	2	1	**2**
Psychology	**27.3**	**18.49**	**44.64**	**CWM Band 5**	1	1	**1**
Band 4			4.00				
Band 5	1.6		2.00	**Relate Band 5**	1	2	**1**
Band 6	6		7.4			1	
Band 7	2.8		8.92			1	
Band 8	16.9	18.49	22.32				
Medics	**9.85**	**10.84**	**7.2**				
Admin			**11.82**				
Band 2			6.59				
Band 3			2.43				
Band 4			2.00				
Band 5			0.80				
Vacancies			**5.90**				
Grand Total	**79.35**	**99.52**	**124.67**		**20**	**22**	**24.70**

FIGURE 18. FULL TIME / PART TIME PROFILE
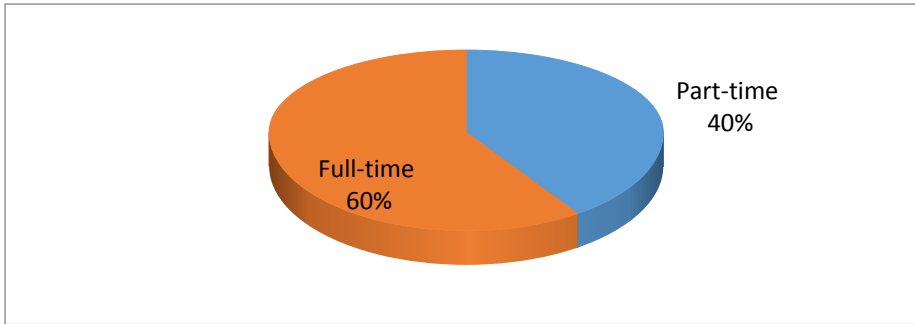
Plans to recruit to the required staff by 2020

5.158 CWPT are continuing to implement their recruitment and retention which includes a number of key features, including the following:

- Utilisation of a range of means to advertise posts, including in-reach into Higher Education establishments;
- Continuing to review the roles needed within the workforce, this includes the pursuit of the development and introduction of Nursing Associate roles and our involvement in the potential development and our involvement in a trailblazer / pilot of Clinical Associate Psychologist roles.
- Supporting workforce retention by ensuring that the Trust is "A Great Place to Work". Work in this area includes understanding, reviewing and mitigating demand pressures (where possible), improving the work environment, tracking the experience of new staff, ensuring that robust supervision and general support arrangements are in place, ensuring that there is a consistently robust approach to inductions; undertaking staff "pulse checks" to keep to monitor the experience of staff at work;
- Ongoing utilisation of recruit to train posts;
- Ongoing skill mix reviews to mitigate the risks associated with "hard to recruit" posts;
- Taking further steps to create career progression / pathway opportunities;
- Provision of training placements;
- Apprenticeship routes for professional development (e.g. Therapy apprenticeship)

5.159 The development of a comprehensive Rise workforce plan across Coventry and Warwickshire, incorporating CWPT and CW Mind staff, has been a priority for the LTP over the last year. Now this work has been completed and has mapped staffing against demand across all pathways, Commissioners and providers are able to work together on approaches to address demand in 2019/20. This will be incorporated into the multi-agency workforce planning so as to understand the strengths and gaps in local staffing and skills.

6 Performance and Delivery

TABLE 18. SUMMARY OBJECTIVES - 2017-18 PROGRESS

Progress in 2017/18 against objectives

1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people
    Coventry   **Warwickshire**
    - **Navigation Hub launched - replacing the previous single point of entry with an enhanced service that can undertake greater clinical triage, with extended operating hours from 8am to 6pm Monday to Friday, and a call back service for referrers.**
    - **Children are waiting a shorter time for their first appointment:**
        o **Average wait to first appointment is 6 weeks (falling from 8 weeks at the start of the year).**
        o **Longest waits have reduced from 26 weeks to 18 weeks.**
        o **Therefore 100% of children are receiving their first appointment within the target timescale of 18 weeks.**
        o **Consistent delivery of waiting times KPIs:**
            ▪ **Emergency assessments within 48 hrs.**
            ▪ **Urgent assessments within 1 week**
            ▪ **Routine assessments within 18 weeks**
            ▪ **Support for LAC within 4 weeks**
    - **Only 62% of children receive their second (follow up) appointment within the target timescale of 12 weeks, which was set as part of the last refresh.**
    - **However, the position improved between January – August 2018, and the figure has reduced from 421 in January 2018 to 204 in August 18. Healios, an independent organisation has been procured in November 17 to provide additional clinical capacity and has started to pick up suitable cases via online support and has helped reduce follow up waits.**
    - **Primary Mental Health Team have undertaken a rolling programme to up-skill and build capacity in the wider workforce though training and consultation.**

2. Establish locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).
    Coventry   **Warwickshire**
    - **Primary Mental Health Team have put in place a link worker with each Family Hub and delivered 37 consultations and 17 individual advice and guidance episodes.**
    - Two locality based Rise Community Partnerships (formally known as hubs) are now operational in North Warwickshire and Stratford District. The Nuneaton venue is to open in Autumn 2018 with Rugby Borough and Warwick District venues to open early 2019. These local partnerships are responsible for inputting into the planning and supporting the delivery of an emotional health & wellbeing offer in the community.

3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.
    Coventry   **Warwickshire**
- **Tier 3 plus is being commissioned in stages. Stage 1 is providing more capacity for crisis support through the Acute Liaison Team including 7 days a week coverage at University Hospitals Coventry and**

Warwickshire NHS Trust (UHCW), George Eliot Hospital NHS Trust (GEH) and at Warwick Hospital, South Warwickshire Foundation Trust.

- **Business case for a tier 4 collaborative commissioning model where CRCCG takes over commissioning responsibility from NHSE is being developed.**

4. Enhance evidence off service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring

Coventry   **Warwickshire**

- **Feedback from Experience of Service User Questionnaires (ESQs) continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive.**
- **Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis.**
- **In Warwickshire reporting against the contract's outcomes framework commenced in Q4 2017/18 to enable benchmarking in advance of full reporting against outcomes in August 2019. ROMS are part of the outcomes reporting with data to be reported from 2018/19.**

5. Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals

Coventry   **Warwickshire**

- **Dimensions Tool is fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into service.**
- **Healios commissioned by CWPT to deliver on-line Cognitive Behaviour Therapy (CBT) courses with high levels of service user satisfaction and good outcomes**
- **Online self-care videos, information and guidance added to the website.**
- **On-line referral portal in pilot phase.**
- **CWPT purchased 'Block' on-line tool to undertake consultations and support. Set for roll out in 2019/20**
- **Increased use of social media; Facebook, Twitter and Instagram**

6. Evaluating the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool in new Warwickshire service model

Coventry   **Warwickshire**

- **Dimensions is fully operational providing families and referrers a means of signposting to appropriate support and supporting effective referrals into service**
- **Early evaluation of the tool will be delivered by Warwick University.**

7. Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders

Coventry   **Warwickshire**

As described above:

- **Waiting times for routine first appointment have reduced from eight weeks to six.**
- **Experience of service user questionnaires indicates that over 90% of service users are satisfied.**

8. Further strengthen support for a range of vulnerable children and young people

Coventry   **Warwickshire**

- **CAMHS LAC (Looked after Children) service is in place and delivering support within 4 weeks of referral.**
- New vulnerable children's pathway in Warwickshire is under development to provide a blended service for vulnerable children including Children Looked

- **New Autistic Spectrum Disorder (ASD) pathway has been developed and early pilot with a focus on early support**
- **Two unsuccessful recruitment rounds for the enhanced Youth Justice and Sexual Assault Referral Centre (SARC) initiative, due to the fixed term and highly specialized nature of the post**

After, those in the Youth Justice system, and those with SEND.

Two unsuccessful recruitment rounds for the enhanced Youth Justice and SARC initiative, due to the fixed term and highly specialized nature of the post

9. Develop a Multi-agency workforce plan
Coventry   **Warwickshire**

- **Clear workforce plan in place across agencies.**
- **Central to the plan is the Primary Mental Health Service upskilling and building capacity in the wider workforce though training and consultation. Feedback from training delivered has been positive with staff reporting an increase in their knowledge and preparedness.**

Timeliness and access

6.1 A number of initiatives have taken place through 2017/18 to improve timeliness of referrals and access into the service:

- CWPT have remodelled their Single Point of Entry into a Navigation Hub that has extended opening hours from 08:00-18:00. This enables a call-back service for referrers to discuss cases. In addition, the Navigation Hub includes an enhanced clinical and administrative team that enables referrals to be triaged onto the correct pathway within 24 hours, cutting down waiting times to the initial appointment to an average of 7 weeks.
- CWPT have developed the Dimensions Tool as a means for parents and referrers to understand the strengths and issues of young people who report mental health concerns. A report generated at the end of the Dimensions questionnaire sign-posts to appropriate community based services and, where required, recommends referral into the Navigation Hub.
- For Warwickshire, the Rise Partnerships offer open access drop-ins (coffee mornings) for parents to discuss concerns and access the Rise referral process directly.

Referral to first appointment

6.2 Significant progress has been made through 2017/18 to address waiting times for CYP MH services across Coventry and Warwickshire. The graph and table below show the overall reduction in waiting times for both the first and second appointment:

FIGURE 19. TIME TAKEN TO THE FIRST APPOINTMENT (NOTE- TO BE REPLACED WITH VALIDATED AUGUST DATA)
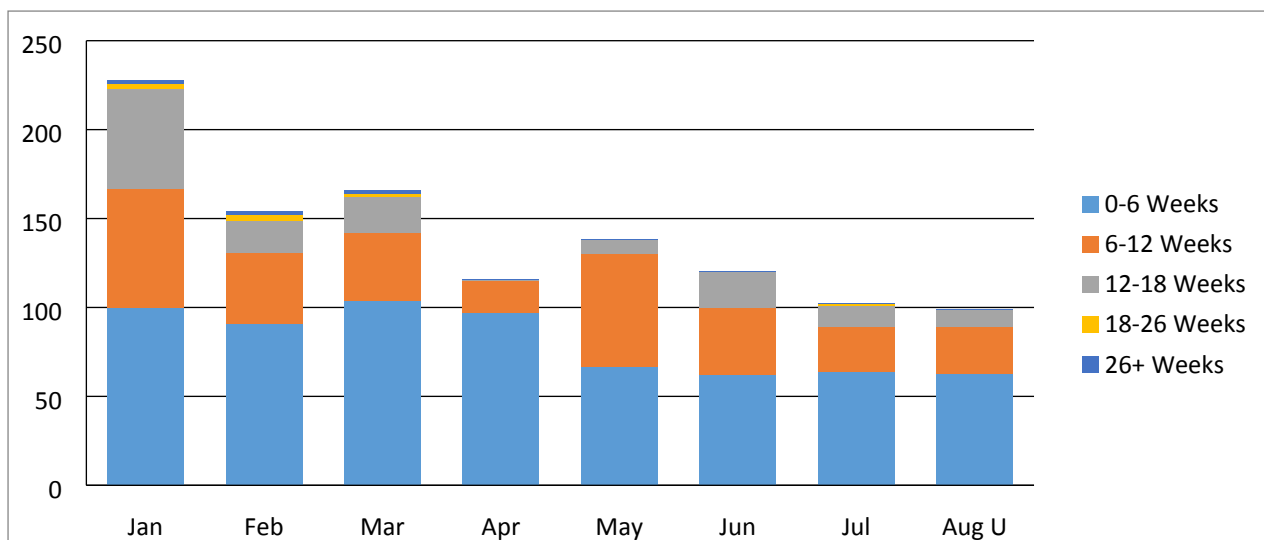
6.3 Since February 2018 the average waiting time for children and young people to receive their first appointment has reduced from eight weeks in January 2018 to less than 6 weeks in August 2018. Furthermore, the number of children and young people waiting over 12 weeks has fallen from over 50 in January to 10 in August.

TABLE 19. NUMBERS RECEIVING 1ST APPOINTMENT WITHIN 6-WEEK TIME BANDS

	Jan18	Feb18	Mar18	Apr18	May18	Jun18	Jul18	Aug18
Average wait to 1st appointment	8 Wks.	6 Wks.	7 Wks.	5 Wks.	7 Wks.	7 Wks.	6 Wks.	6 Wks.
0-6 Weeks	100	91	104	97	67	62	64	63
6-12 Weeks	67	40	38	18	63	38	25	26
12-18 Weeks	56	18	20	1	8	20	12	10
18-26 Weeks	3	3	2	0	0	0	1	0
26+ Weeks	2	2	2	0	0	0	0	0

6.4 This improvement has been achieved through the reconfiguration of the Single Point of Entry (SPE) into a Navigation Hub where the clinical and administrative capacity of the initial point of contact has been enhanced. All referrals into Rise are now triaged into the appropriate pathway on the same day, removing the need to have a subsequent assessment to identify the correct pathway. Furthermore, the Navigation Hub provides a call-back service for referrers to discuss cases and improve the quality of referrals- reducing the need to gather more information after the referral has been received.

6.5 For children and young people presenting as an emergency at local acute hospitals due to self- harm, Rise provides an Acute Liaison Service that assess all young people within 48 hours of being identified as medically fit. The table below shows that this target is routinely met every month, bar July where two patients were delayed.

6.6 Maintaining the 48-hour assessment target for self-harmers presenting at hospital has required the Acute Liaison Team to be supported by staff from the core Rise service which has impacted on capacity to reduce follow up waits (below). This is being addressed by a CCG investment in the Acute Liaison Team that will see staff increased to meet demand early in 2019.

TABLE 20. RATE OF EMERGENCY REFERRAL TO ASSESSMENT WITHIN 48 HOURS

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
No.	23	40	24	33	41	49	42	58	66	51	19
%	100	100	100	100	100	100	100	100	100	96	100

Time to follow up appointment

6.7 Significant progress has been made to reduce the numbers waiting over 12 weeks since October 2017, as shown in table 12 and graph 11 below, and that further work is required, however, to ensure that all children and young people are seen within this time. While a significant number of children and young people are still waiting over 12 weeks for a follow up appointment, it can be seen that there has been a significant reduction in those waiting over 36 weeks from 179 on Oct 2017 to 2 by August 2018.

TABLE 21. NUMBER OF CYP WAITING FOR FOLLOW UP APPOINTMENTS PER 12-WEEK TIME BANDS

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
0-12 Weeks	130	131	68	93	41	17	15	116	185	176	137
13-24 Weeks	115	101	113	124	97	77	35	58	80	119	139
25-36 Weeks	78	71	83	87	67	50	17	5	36	47	63
37-48 Weeks	57	61	52	59	35	36	9	6	1	0	2
49+ Weeks	122	125	113	151	14	10	4	2	0	2	0

FIGURE 20. NUMBER OF CYP WAITING OVER 12 WEEKS FOR A FOLLOW UP APPOINTMENT

	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
	372	358	361	421	213	173	65	71	117	168	204
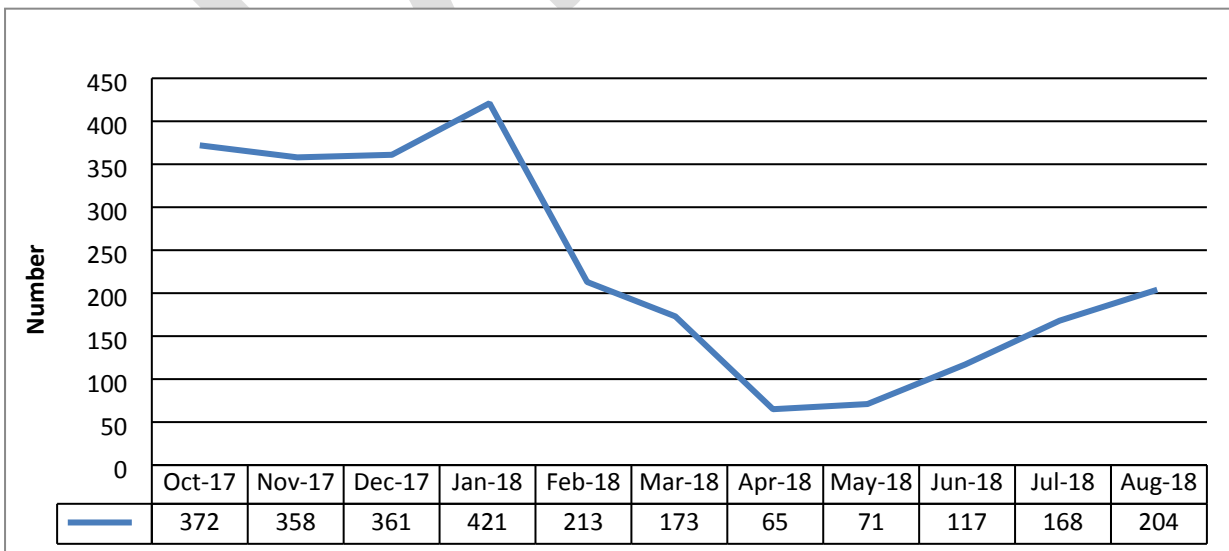
6.8 It can be seen that the total number waiting over 12 weeks has halved over the last year, from a high of 421 in January 2018, to 204 in August 2018. This is due to three initiatives:

1. Parallel work to provide follow up appointments to the longest waiters at the same time as aiming to see new referrals within 12 weeks.
2. Delivering a greater range of interventions and an enhanced group work offer.
3. Purchasing an external provider, Healios, to deliver on-line CBT interventions.

6.9 However, it can also be seen that there has been an increase in numbers waiting over the last 4 months. This is due to staff capacity issues and is an area that Commissioners and CWPT are focusing on to reduce follow up waits again (see planned developments, below).

6.10 There is currently a performance notice in place to improve performance on CAMHS 12 week follow-up waits, which involves a detailed action plan and trajectory for improvement. This includes an in depth review of skills mix and capacity to deliver interventions to the case mix presenting in the service. It is anticipated that reported performance on CAMHS access will improve in line with the resolution of data quality issues. CWPT are also undertaking a review of the initial assessment process (in light of the reduced time to the first appointment) with a view to streamlining this assessment to free up capacity to deliver follow up interventions. See next steps, below.

Emergency and Urgent Referrals

Performance Indicator	Threshold	Value	2017/18	2018/19													
			APR	MAY	JUN/Q1	JUL	AUG	SEP/Q2	OCT	NOV	DEC/Q3	JAN	FEB	MAR/Q4	APR	MAY	JUN/Q1
Referral to treatment: Emergency (48hrs)	100%	Numerator	5	18	22	14	19	43	23	40	24	33	41	49	42	25	24
		Denominator	5	18	22	14	19	43	23	40	24	33	41	49	42	25	24
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100%	100%	100%
Referral to treatment: Urgent (5 working days)	100%	Numerator	16	7	12	7	1	0	2	2	0	2	4	6	5	0	1
		Denominator	16	7	12	7	1	0	2	2	0	2	4	6	5	0	1
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	0.0%	100.0%	100.0%	0.0%	100.0%	100.0%	100.0%	100%	0.0%	100%
		Denominator	165	199	226	172	127	154	174	170	110	228	154	166	116	45	44
		Percentage	100.0%	100.0%	100.0%	100.0%	100.0%	99.4%	100.0%	100.0%	100.0%	99.1%	99.4%	98.8%	100%	100%	100%

TABLE 22. SUMMARY OF WAITING TIME TARGETS –15/16 ONWARDS

Access and Waiting Time Key Performance Indicators			Area	15/16 end of year position	16/17 end of year position	17/18 end of year position	End of Quarter 1 18/19 position
Referral to treatment (emergencies) - within 48hrs	100%		Coventry	100%	100%	100%	100%
Referral to treatment (urgent) – within 5 working days	100%		Coventry	100%	100%	100%	100%
Referral to treatment (routine cases) – 95% of patients within 18 weeks	95%		Coventry	100%	100%	97.6%	100%
Waiting time from Initial appointment to follow up appointment – within 12 weeks	95%		Coventry and Warwickshire	CRCCG 38.5% SWCCG 12.3% WNCCG 17.6%	CRCCG 60.9% SWCCG 15.4%	CRCCG 7.1% WNCCG 7.9% SWCCG 11.9%	62.8%
Referral to treatment (4 Week for Looked After Children)			Coventry	9 weeks 2/3 66.7%	30%	No Data	83%
No of ASD Assessments per month CRCCG – 53 WNCCG – 18 SWCCG - 20			Coventry and Warwickshire		CRCCG – 337 WNCCG - 162 SWCCG - 100	CRCCG – 557 WNCCG - 152 SWCCG - 139	CRCCG – 62 WNCCG -9 SWCCG - 4

KPIs listed within the plan are robustly monitored through the contract monitoring process. Both the Coventry and Warwickshire services submit KPIs and data on a monthly basis, which are reviewed in contract monitoring meetings, with any underperformance robustly performance managed. The data is collated to allow ease of comparison across the years in order to track and improve progress. A Transformation Operational Group exists across Coventry and Warwickshire specifically to manage wider performance of the plan and report on progress to the Transformation Board.

Overall Activity Levels

TABLE 23. KEY ACTIVITY MEASURES FOR COVENTRY AND WARWICKSHIRE

Key Activity Measures Coventry and Warwickshire 2014-18 (Source CWPT & ONS)

	2014/15			2015/16			2016/17			2017/18		
	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined	Coventry & Rugby	Warks	Combined
Total Referrals to SPE	**3,442**	**4,029**	**7,471**	**4,349**	**3,189**	**7,538**	**3,568**	**3,245**	**6,813**	**3,836**	**2,537**	**6,373**
Referrals to SPE that were for Journeys	207	287	494	159	258	417	154	191	345	15	30	45
Referrals to SPE that were for Reach	498	417	915	462	1064	1,526	398	1014	1,412	499	317	816
SPE Annual Increase/Decrease				21%	-21%	1%	-18%	2%	-10%	8%	-22%	-6%
No of Assessments for specialist CAMHS Tier 3 (Accepted Referrals) Initial and follow on contacts attended	598	1,439	2,037	822	914	1,736	936	1,064	2,000	912	971	1883

TABLE 24. CYP WITH DIAGNOSABLE CONDITION

	CYP with a diagnosable mental health condition	17/18 Target	Actual 17/18	18/19 Target	19/20 Target	20/21 Target
NHS Coventry & Rugby CCG	9,844	2,953 (30%)	2983	3,150 (32%)	3,347 (34%)	3,445 (35%)

6.11 CAMHS is rolling out routine outcomes on a phased basis. The Primary Mental Health Team (PMHT) is the first phase of the roll out of the routine outcomes measures to be implemented. The Stirling Children's Well-being Scale (SCWBS) and the Warwick-Edinburgh Mental Well-being Scale (WEMWBS) are both validated measures of mental wellbeing and have been used in the PMHT Boomerang resilience programme. The SCWBS have been used for primary schools and WEMWBS for secondary schools. Confidence levels in young people has also been captured by creating a simple measure for this purpose, using a Likert scale from one to seven (one being low levels of confidence, seven being highly confident. All measures are taken prior to intervention and then repeated upon completion.

6.12 The children in primary schools mental wellbeing is measured using the SCWBS scale. The maximum score in the literature cited for this scale is 60 on the premise that the scale is weighted from 0 (lowest scoring option) to 4 (highest scoring option). In the collection of data for Quarter 1 in 2018, by the PMHs the SCWBs scale was used but weighted its lowest possible response at 1 and the highest at 5, meaning the maximum score achievable in this instance is 70. For the SCWBS the average score pre intervention was 53.07 and post intervention was 56.59.

FIGURE 21. SCWBS SCORE PRE AND POST INTERVENTION
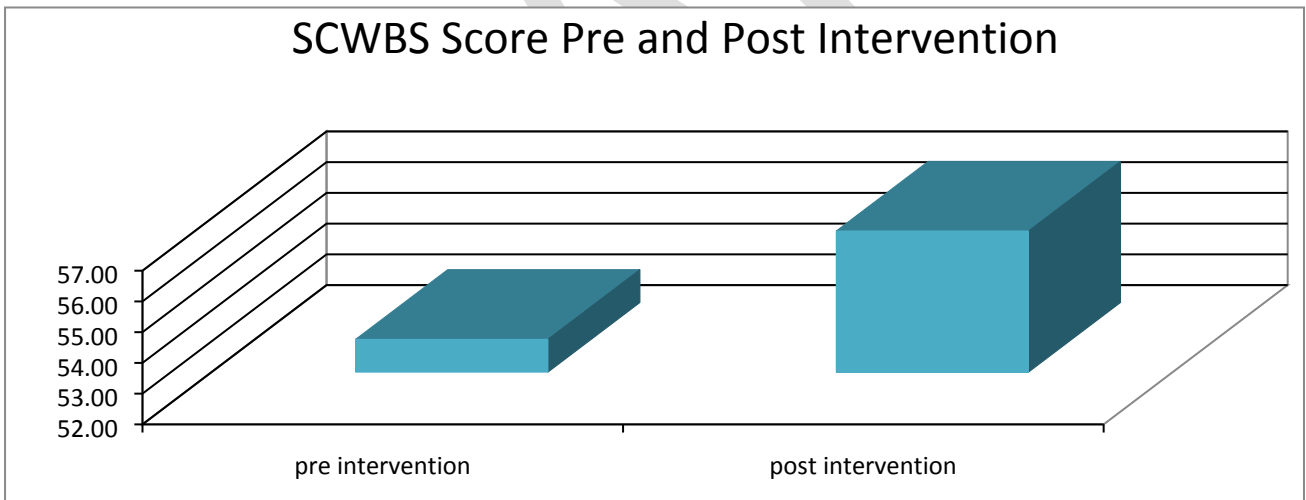
6.13 This means that primary aged children showed a 3.53-point increase in mental wellbeing on the SCWBs scale. This increase in reported mental well-being through the SCWBs scale has been separated out into the impact on individual primary school groups in the graph below where you can see that whilst there is some variance in effectiveness between schools, all primary schools showed their pupils benefited from the Intervention.

6.14 The WEMWBS was used to measure the mental wellbeing of the children engaging in the boomerang project in secondary schools in quarter 1 of 2018. The maximum score achievable on the WEMWBS scale is 70. The average score pre intervention was 37.7. Post intervention scores averaged at 40.43, showing an increase in mental well-being. The results indicate that there was a positive improvement of 2.73 points following the completion of the Boomerang programme for children in secondary education, as depicted below.

FIGURE 22. WEMWBs SCORE PRE AND POST INTERVENTION

WEMWBs Score Pre and Post intervention

[Bar chart showing pre intervention and post intervention values, y-axis ranging from 36.00 to 41.00]

	41.00
	40.00
	39.00
	38.00
	37.00
	36.00

pre intervention   post intervention
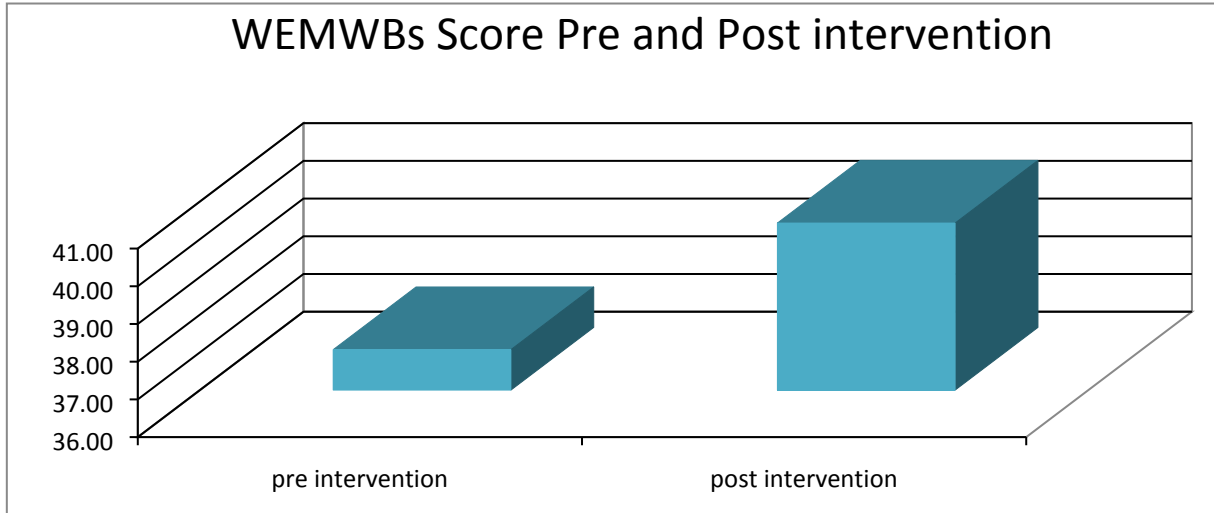
6.15 The results also indicate that the confidence ratings of all young people who took part in the Boomerang programme in primary and secondary school in Q1 of 2018 improved.

FIGURE 23. SELF-RATED CONFIDENCE PRE AND POST INTERVENTION

Self Rated Confidence Pre and Post Intervention

[Bar chart with y-axis 0.00, 2.00, 4.00, 6.00 showing Pre Intervention and Post Intervention for Primary schools and secondary schools]

Pre Intervention   Post Intervention

■ Primary schools   ■ secondary schools
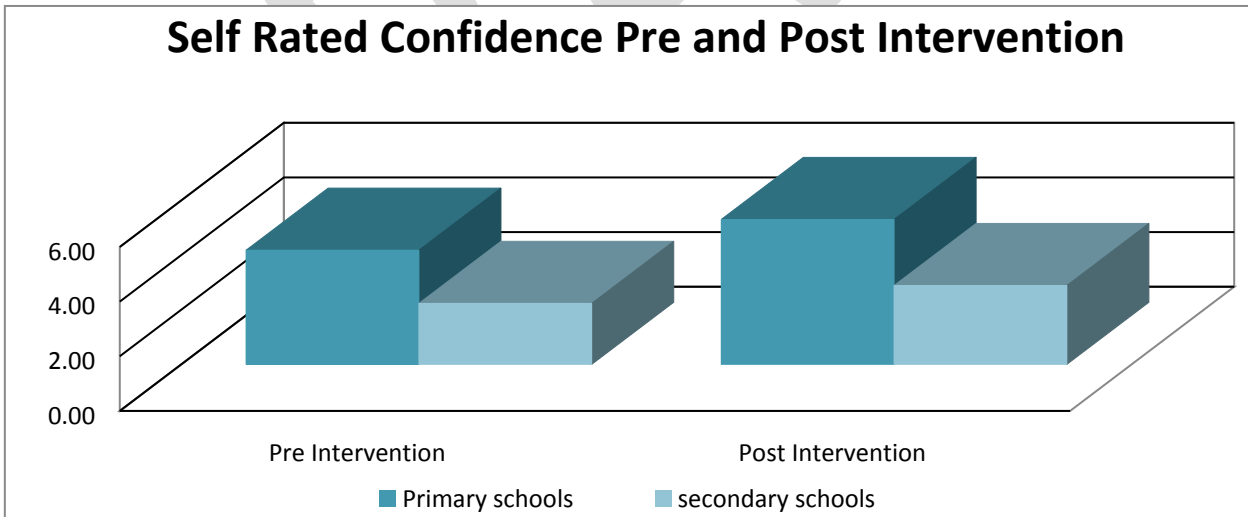
Consultation with Family Hubs in Coventry

6.16 The PMHS consultations with family hubs have been monitored using a survey monkey with professionals after the consultation to measure their usefulness and effectiveness. Initially data was not specific to the clinicians in Coventry PMHS, however there is now a dedicated survey for the team.

6.17 Data, although limited, indicated that professionals sought out consultation to help them think through their worries around a child or children and plan what they should do with that case next, and to increase their confidence in managing said situation. Statistical analysis

from the survey indicates that 100% of professionals are happy with the consultation service and would recommend Coventry PMHs to other professionals. PMHs consultations were quality rated 9.83 out of 10 by professionals.

6.18 As is shown in the chart below, consultations reportedly increased professionals' ability to understand the situation around which they had requested the consult and its potential difficulties surrounding a child by **30%.** Professionals' personal feeling of being 'equipped' to deal with a situation rose by more than a third **(36.6%).**
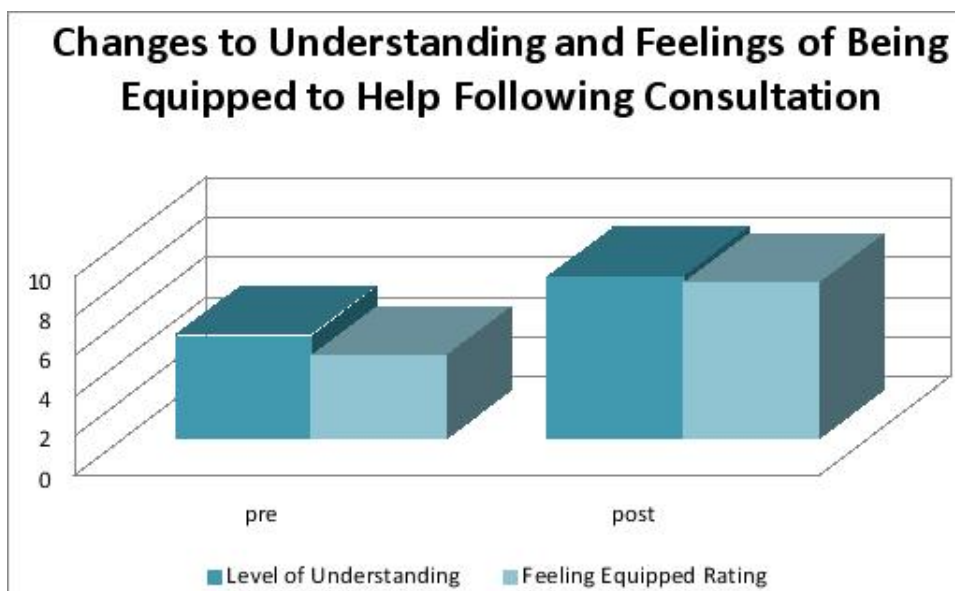
6.19 Importantly, it would appear that following consultations professionals feel able to deal with the situation themselves – no hub worker who received consultation and completed the feedback survey felt they needed to refer on to another agency, or they arranged further input from PMHs and felt that PMHs support would be sufficient.

6.20 We are currently re-promoting work within the family hubs to ensure that the family hub staff are getting the best out of the time with their PMHS link worker and benefiting from regular consultation. PMHS has also offered to support the Family Hub family days held at each of the hubs over the summer school break to further help with community engagement.

Training Workshops in Coventry

6.21 Evaluations of each workshop have demonstrated that they are improving professionals' knowledge and confidence in supporting young people with various mental health difficulties. After the training sessions delegates were asked to complete an evaluation form rating the training and its benefit to themselves as professionals. Professionals in attendance rated the workshop delivery as a 9.12 out of 10 overall across all the workshops. Below are charts showing the increase in understanding of topics and confidence in supporting the topic areas respectively:

TABLE 25. CHANGE IN UNDERSTANDING MH TOPICS

Change in Understanding of Mental Health Topics
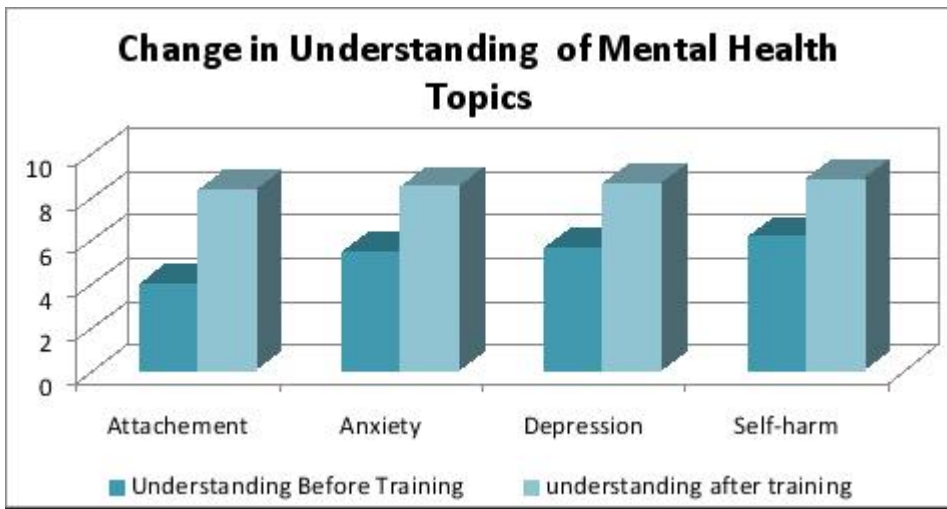
6.22 As is evidenced in the graphs above, we can see that there were increases in self-rated understanding and confidence in dealing with the topic areas. Across all feedback from professionals who attended the attachment, mood, and self-harm training delegates reported a 32% increase in understanding of the topic and a 34% increase in confidence supporting a young person with their mental wellbeing with regard to the topic.

6.23 Delegates were also asked to provide qualitative feedback on their training experience which has been thematically analysed and used to inform PMHs as to how best to continually improve the training packages. Using this information, the mood, self-harm and attachment training packages are currently being edited to ensure the training is its most beneficial to attending professionals.

6.24 A second area that has had routine outcome monitoring rolled out is the CAMHS LAC service in Coventry, which is using the Strengths and Difficulties Questionnaires (SDQs) as a tool for recording the pre-intervention situation and the position during or post intervention for the children and young people who use the service. The first sample of results shows that 80% of young people are seeing a positive change in outcomes. The results were positive and were as follows:

TABLE 26. SDQ RATING

SDQ rating	%
Positive change	80%
No change	10%
Negative change	10%

6.25 The effective delivery of training and development activities by the Primary Mental Health Service has led to consistent increases in knowledge and preparedness of young people and school staff in a range of areas, including understanding anxiety, depression, attachment and self-harm.

6.26 Further work is proposed to develop the outcomes framework to convey an accurate picture of service effectiveness, particularly around supporting placement stability. Work is ongoing to further develop systematic clinical outcomes reporting on a pathway basis.

6.27 The CAMHS Transformation Board and through the contracting processes routinely monitor and interrogate all KPIs on a monthly basis through the contract. We also jointly review all waiting times KPIs with CWPT through the waiting list meeting.

Experience of Service Questionnaires (ESQ)

6.28 CWPT continue to collect and report experience of service questionnaire (ESQ) data on a quarterly basis. Feedback continues to highlight strong, positive service user experiences, with circa 90% of service users certainly or partly saying it is true that they feel listened to, that clinicians are easy to talk to and that their overall experience was positive.

6.29 Survey took place between 25.06.18 and 29.06.18 and 116 children and young people across Warwickshire and Coventry completed the questionnaire:
- Gender: 54 female, 49 male, 13 unknown
- Age: 8-11 year olds = 40; 12-18 year olds = 76;

TABLE 27. ESQ RESULTS

	Criteria	Certainly or partly true	Not true or do not know
1	Feel that people listened	94%	6%
2	Easy to talk to the people	92%	8%
3	Treated well	95%	5%
4	Views and worries taken seriously	89%	11%
5	People knowing how to help	87%	13%
6	Enough explanation about help	89%	11%
7	Working together with me	89%	11%
8	Comfy facilities	88%	12%
9	Convenient appointments	83%	17%
10	Location of appointments	90%	10%
11	Recommend to a friend	84%	16%
12	Overall	90%	10%

Outcomes monitoring

6.30 Clinical Outcomes are being recorded but not consistently across the services. Clinical outcomes used are being reviewed against the national outcome measures. With the view a consistent approach is adopted across all key pathways. The CAMHS Transformation Board is currently working with CWPT to develop a robust outcome reporting system, which includes outcomes relevant for specific services and will aim to increase uptake of outcomes monitoring.

6.31 The Warwickshire Rise contract is based on outcomes reporting. While, during the first two years of the contract, the focus has been on delivery of the Implementation Plan, from year three (1st August 2019) the contract will be managed against delivery of KPIs based on the outcomes framework. CWPT has commenced reporting against these outcomes from Q4 2017/18 to baseline performance, and Commissioners will work with CWPT in early 2019 to

establish targets for the KPIs in readiness for performance management against these in year 3 of the contract.

TABLE 28. WARWICKSHIRE RISE HIGH LEVEL OUTCOME SUMMARY JAN18-JUN18

Warwickshire Rise Reporting Jan18 – Jun18 HIGH-LEVEL OUTCOME SUMMARY	% of outputs resulting in positive outcomes
1. Promote positive mental health and increased resilience amongst all children and young people	84.5%
2. Identify and treat children & young people's mental health needs earlier	81.6%
3. Provide quality mental health services that meet the priorities and standards set by young people and their families	83.3%
4. Support young people up to the age of 25 and provide support during transition	88.7%
5. Enable parents and carers and other family members to support children and young people's mental health	60.0%
6. Ensure that the most vulnerable young people are supported to improve their mental health	62.0%

TABLE 29. WARWICKSHIRE RISE INDICATOR SUMMARY JAN18-JUN18

RISE REPOORTING Jan18 – Jun18 INDICATOR SUMMARY	% of outputs resulting in positive outcomes
Level of awareness of children's mental health across whole population	60.0%
KPI - Level of emotional well-being among children and young people	86.3%
KPI - Level of resilience among children and young people	95.0%
Children, young people and families report that they receive interventions that are appropriate and accessible, both in location and timing.	93.0%
Children, young people and families report positive and trusting relationships with mental health practitioners	92.4%
KPI: Demonstrable improvement in the mental health of children and young people who access services	89.0%

Engagement and partnerships

6.32 During the course of the past year there has been continued engagement with the following illustrating examples:

- Peer Mentor Training for young people in schools to create further opportunities to support young people;
- Involvement in the further development of the website, to improve access to information;
- Involvement in the development of the Dimensions Tool;
- Children's Plan Shadow Board
- Engaged with vulnerable groups in the co-design of service developments.
- Establishing parent/carer support groups for each Rise Partnership Hub in Warwickshire
- Engaging parent/carers in co-development of Rise model in Warwickshire

6.33 A Children's Plan Shadow Board Meeting in Dec 2017 in Coventry focussed on CAMHS, in order to ensure that children's voices and their lived experience informs the plan.

6.34 The shadow board aims for this event were:

- For all young people to have stronger awareness and understanding of mental health and what they can do to support themselves and others.
- For CWPT to explore and understand the needs of young people and to gain insight for how they can develop services to improve the mental health of young people across Coventry.

6.35 With over 40 young people aged 11-19 engaging in this process, the event provided partners with a range of rich information. The sharing by young people of their experiences of mental ill health, service access and views on areas for development have helped inform the development of services. Most significantly it also allowed for all participants to pledge to use their greater knowledge and understanding in a considered caring way with their peers.

6.36 This peer to peer relational work continues to be built on via the Reach project and there is ongoing peer to peer support being delivered in schools across Coventry and Warwickshire.

6.37 The strategic partnership between CWPT and Coventry and Warwickshire Mind has enabled children and young people to engage in a range of activities which includes:
- Participation in recruitment and selection of staff
- Design of content and format for digital resources
- Provision of patient stories
- Assisting in the development of operational tools and the implementation of routine outcome measures.

6.38 Commissioners in Warwickshire are working collaboratively with CWPT and CW Mind in engaging with parents and young people to co- develop and co-deliver services. Commissioners have endorsed an Engagement Strategy with CWPT, with a view to developing a joint strategy for 2019/20.

6.39 Engagement Activities delivered by Rise in Q1 2017/18 include:
- Co-producing a Teacher's mental health conference with a Year 12 student that was attended by half of secondary schools in Warwickshire.
- Emotional well-being After school club pilot for 11-18 year olds leading to school assemblies delivered by those in the group
- Peer mentor training for years 5-6 in Coventry
- Acting Early Meeting for schools to address areas of concern

6.40 In June, four workshops were held across Warwickshire to recruit a body of parents and carers who wish to support the development of the Rise service. 60 parents have expressed an interest in being involved, with over 30 attending the sessions. This work is being jointly delivered between Rise and Commissioners with a range of areas we are seeking the involvement of parents, including:

- Attending regular Stakeholder Group meetings to feedback on service performance
- Promoting the Rise Service and Rise Partnership bases in their local area
- Establishing and running peer support groups
- Reviewing and feeding back on service development proposals
- Supporting the development of promotional activities and the Rise website
- Developing an outcomes reporting survey for parents and young people
- Supporting the development and roll out of the Dimensions Tool

6.41   Parallel work is underway to develop an ongoing group of young people who can support the co-design of the Rise Service. Warwickshire Commissioners have been successful in applying to the Young Minds trailblazer programme to support this work.

6.42   In addition to service users and their families, wider Stakeholders including Schools, Primary Care, Social Care and the VCS are engaged and consulted through a range of mechanisms:

- Formal representation at the Coventry and Warwickshire CAMHS Partnership Board
- Attendance at the Warwickshire Stakeholder Group
- Regular presentations and feedback sessions at CCG member events
- Regular updates provided to SENCO forums

Through the groups and initiatives listed above, the development of the Rise Service is undertaken with the involvement and engagement of a full range of stakeholders on an ongoing basis.

Finance

6.43   The annual spend on CAMHS is shown in table 4. This is split to illustrate that, as of August 2017, services for children and young people in Rugby sit under the new Warwickshire contract.

6.44   Transformation funds have been used to further develop core CAMHS services. This has been enhanced by additional non-recurrent finances that is being utilised during 2017/18 to reduce further the waiting list for assessment for Autistic Spectrum Disorders (ASD).

6.45   The Transformation Board has also ensured that other interim and non-recurrent finance opportunities provided by NHS England have been accessed.

TABLE 30. BASELINE INDICATIVE COSTS

Baseline Indicative costs			
	CRCCG	SWCCG	WNCCG
Priority 1: school support	£108,145	£108,145	£81,109
Priority 2: waiting times	£190,125	£92,333	£69,333
Priority 3: ASD support	£99,000	£40,000	£34,500
Priority 4: Crisis support	£143,327	£43,098	£33,575
Priority 5: vulnerable y/p	£87,077	£45,538	£43,538
Priority 6: website	£326	£98	£76
Total:	£628,000	£327,213	£262,132
Funding Allocation:	£628,000	£346,000	£262,000
Eating Disorder:	£250,000	£138,000	£104,000
Funding Allocation:	£250,000	£138,000	£104,000
Core CAMHS investment			
Total			

Budget	Coventry				Warwickshire
	2015/16	2016/17	2017/18	2018/19	
Core CAMHS Contract	£2,915,476	£2,915,476	£3,037,772	£3,040,809	£5.36m
			Additional Transformation Schemes		Once single blended service after tender exercise
Schools Support					
Waiting times			£158,400	£171,140	
ASD pathway			£71,280	£85,140	
Crisis support				£123,261	
Looked After Children			£47,520	£56,760	
Eating Disorders			£143,280	£189,200	
Website				£280	
Total Investment	£2,915,476	£2,915,476	£3,458,252	£3,666,590	

7 Action Plan

Key Deliverables: 2018/19

TABLE 32. 2018/19 PRIORITIES

1. Improving the timeliness and breadth of access to emotional wellbeing and mental health support available to children and young people	
Coventry	**Warwickshire**
a) Refresh the referral to treatment pathway; b) Undertake further system capacity and demand and generate proposals to best manage the system pressures; c) Continue with collaborative waiting list management arrangements to optimize the management of all key waits, particularly CAMHS follow-up waits; d) Continue to increase the scale of available multi-agency early help opportunities in schools and in the community to help to reduce some of the requirement for specialist help; e) Ongoing development of the digital offer, including further development of the website, availability of an electronic referrals portal, e-consultation, further development of the Dimensions Tool and the use of social media; f) Remodelled multi-agency "targeted" support with strengthened partnership working with PMHT and which is closely aligned to Coventry Family Hubs and Warwickshire Health & Wellbeing Hubs; g) Continued development of the Warwickshire Rise Community Partnerships to increase access to a range of information, training, advice and support, from a range of agencies; h) Implement a refreshed framework for Mental Health Interventions for School-aged Children (MHISC)	

2. Establishing locality working arrangements which provide local access to a range of support and resources (including via Coventry Family Hubs and Warwickshire Community Hubs).	
Coventry	**Warwickshire**
a) Tier 2 remodelled and closer partnership working with PMHT and family hubs b) Develop robust partnership and communicate the early help/community offer, strengthen this to improve implementation of the early intervention	c) Expand from two to five community partnership (formally hubs) and embed the drop-in, training, and outreach to families and professionals as a core part of a community offer. Develop and secure the partnerships with local voluntary sector and their involvement in the Rise Community Partnership.

3. Further develop collaborative pathways with NHS England for young people who may require Tier 4 beds and developing further local CAMHS crisis response.	
Coventry	**Warwickshire**
a) Extension of Acute liaison service 7 days a week b) Implement phase 2 of the Tier 3 plus Service, including the implementation of crisis and home treatment support, subject to delegated commissioning budget as part of the collaborative commissioning model with NHSE; c) Pursue collaborative commissioning arrangements with NHSE in respect of tier 4 beds;	

4.	Enhance evidence off service effectiveness by implementing further Routine Outcomes Measures (ROM) and monitoring	
	Coventry	**Warwickshire**
	a) A refreshed clinical outcomes framework is agreed and implemented, including the extension of routine outcome monitoring to all key pathways. This will have an agreed reporting schedule. b) Ongoing development of capture and reporting of service user experience feedback;	

5.	Ensure the CAMHS digital offer improves access and support to children, families, carers and professionals	
	Coventry	**Warwickshire**
	a) Healios continue to deliver on-line CBT courses with high levels of service user satisfaction and good outcomes b) 'Block' on-line tool. Set for roll out in 2019/20 c) On-line referral portal in pilot phase ready for roll out by end of 2019. d) New website went live August 2017, due for 1st major refresh by end of 2018 based on service user feedback. e) Increased use of social media Facebook, Twitter and Instagram for engagement with children and young people	

6.	Evaluating the impact of the Dimension tool on access and waiting times by monitoring the roll out of the tool in new Warwickshire service model	
	Coventry	**Warwickshire**
	a) Continued rolled out of the Dimensions tool as part of the wider workforce training, through Primary Mental Health team. b) Review the evaluation findings of the dimension tool and incorporate as part of the roll out/development.	

7.	Evaluating the impact of the CAMHS transformation plan for service users and other key stakeholders	
	Coventry	**Warwickshire**
	a) To be agreed and specified.	

8.	Further strengthening support for a range of vulnerable children and young people	
	Coventry	**Warwickshire**
	a) Co-locating the CAMHS LAC service in social care teams in Broadgate House. b) Mobilising targeted support for children waiting for ASD assessment, through the roll out of the ASD pathway. c) Finalise and roll out pilot model to support children and young people for whom poor mental health is leading to	d) New vulnerable children's pathway in Warwickshire under development to provide a blended service for vulnerable children including Children Looked After, those in the Youth Justice system, and those with SEND.

low school attendance/not accessing education.	

e) Mobilising early support for children with neurodevelopment concerns through the roll out of the early intervention pathway, involving link education psychologists in Coventry schools.

f) Procure targeted support for children and families pre and post ASD diagnosis.

g) Continue with the aim to recruit role in CAMHS to support youth justice, revisiting specification and scoping and alternative model of delivery.

9. Developing a Multiagency workforce plan

Coventry	Warwickshire
a) Ongoing training and development of the wider system workforce to support the mental health and ASD agenda.	

Risks

7.1 The CAMHS Transformation Programme Board maintains an overview on key risks impacting on the programme and delivery of priorities.

7.2 Workforce is the key risk that is impacting on the local transformation programme which is also recognised as the key National challenge for CAMHS transformation. Key risks and mitigations are set out in the table below.

7.3 Furthermore, there has been a recognition of issues and risks impacting on the achievement of milestones during 2017/18 which has resulted in additional programme investment in provider services for project and clinical programme capacity.

7.4 The CAMHS transformation board includes members of commissioning and contracting bodies and membership is fully networked through wider strategic partnership arrangements.

7.5 Key issues are escalated as appropriate through operational routes to the Transformation Board and when necessary are formally escalated through direct contractual and corporate governance.

TABLE 33. CAMHS TRANSFORMATION PROGRAMME RISKS

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
Unable to recruit the required clinical staff to deliver improved access and waiting times and key transformation priorities	Recruitment of additional staff to deliver the increased capacity and transformation has been a challenge for service providers. This is due to services nationwide increasing recruitment to drive transformation, and ensuring the right skills match with specialist roles in pathways. National analysis on workforce issues has confirmed the scope and scale of the challenge	Service Providers	Commissioners maintain commitment to funding services over the medium and long term in the face of vacancies Immediate development of a medium and long term workforce strategy. Providers continue with a rolling programme of recruitment to try and attract both the volume and range of skilled applicants. The consortium CWPT and Mind have developed has enabled the sharing of expertise around recruitment and retention	High probability, high impact

Risk	Description	Risk Owner	Controls and Mitigation	Post Mitigation Rating
	Staffing vacancies impact on delivery of volume and quality metrics		and made working in Coventry an attractive, innovative proposition. Sub contacting in the wider market arrangements for additional CAMHS treatment and ASD assessment capacity service being fully utilised and mobilised Maximising the role of the Better Health, Better Care, Better Value programme planning and delivery structure, to support workforce development	
Provider programme and clinical leadership capacity	There is a risk to programme milestones for the LTP if insufficient additional senior clinical leadership / operational capacity is not developed then transformation opportunities may not be fully realised	CAMHS Providers	Additional allocation to provides to secure clinical leadership managerial and project capacity	Medium probability, medium impact
Slippage in timescales due to complexity of the programme	There is a risk that there may be slippage in delivery timescales due to the complexity of running multiple, often complex work streams in parallel.	CAMHS Transformation Board	Year 1 implementation of the work streams were prioritised based on clinical risk. Waiting times and embedding the acute liaison service were initially prioritised to ensure overall system risk was reduced. The more transformational work streams have now been mobilised.	Medium probability, medium impact
Commissioning programme management capacity to deliver the plan	The programme across Coventry and Warwickshire requires significant programme management capacity to manage the complexity and volume of transformation required	CRCCG, WNCCG, SWCCG	There are two programme managers allocated, one for Coventry and one for Warwickshire. A Coventry sub group consisting of CRCCG, CCC and Education has been established to provide additional support and overview to the local implementation.	Low probability, high impact
Procurement	There is a need to procure some of the current CAMHS system services which may delay delivery of some KPI's or milestones	Commissioners	Use of market testing and Engagement and robust mobilisation planning. Ensure phasing and sequencing of procurement to avoid multiple changes on interdependent activity	Low probability, high impact

8 Appendices

Appendix 1: Service Transitions

Commissioner	Service	Provider	Starting Position November 2016	Current Position October 2018
Tier 1: Support to universal services				
Warwickshire County Council (WCC)	**Primary Mental Health Service (PMHS)**	Coventry and Warwickshire Partnership Trust (CWPT)	Consultation, advice and training to practitioners. Hold small caseload	Part of the new Mental Health and Well Being services for Young People in Warwickshire
Coventry City Council (CCC)	**Integrated Primary Health Service (IPMHS)**	CWPT, Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Consultation, advice and training to practitioners. Hold small caseload	Maintained and enhanced with transformation funds to deliver a revised enhanced offer to schools funded by CRCCG
CRCCG				
Tier 2: Early intervention for mild to moderate mental health issues				
WCC CCC	**Reach**	Coventry and Warwickshire Mind and Relate Coventry and Warwickshire	Stepped care: • Online advice • Peer support • Therapeutic groups • Counselling	Part of the new Mental Health and Well Being services for Young People in Warwickshire CCC Maintained
WCC CCC	**Journeys**	Coventry and Warwickshire Mind, Relate Coventry and Warwickshire	Targeted support to Looked After Children and young people (LAC) and their carers.	Part of the new Mental Health and Well Being services for Young People in Warwickshire. CCC element is part of the new LAC CAMHS service with additional CAMHS tier 3 service staff funded by CRCCG
CRCCG				
WCC	**MHISC (Mental Health Interventions for School Children)**	Framework of 11 providers	Targeted interventions for young people with an open CAF	Part of the new Mental Health and Well Being services for Young People in Warwickshire
Tier 3: Specialist interventions for severe mental health issues				
CCGs (Coventry and Rugby CCG Lead Commissioner)	**Specialist CAMHS**	CWPT	Specialist support for children with severe mental health issues	Part of the new Mental Health and Well Being services for Young People in Warwickshire In Coventry specialist support has been maintained in addition to the core CAMHS offer Coventry and Warwickshire have a joint Community Based Eating Disorder Services and Acute Liaison Team

Appendix 2: CAMHS Digital Offer

A new interactive website, www.cwrise.com was collaboratively developed with young people and clinicians, and went live in August 2017. This has undergone a steady programme of improvement over the last year, and is due to be refreshed in 2019 following a substantial piece of further engagement with children and young people.

The Rise website seeks to work closely with school, voluntary community services, and social care and primary care to increase support for children and young people requiring support.

The key features of the Rise website are:

- Is to provide information and advice on emotional wellbeing and mental health services for children and young people.
- Find out about what wider support and services available in the community that children, young people and their families can access for urgent and non-urgent needs.
- Details on how to refer to services – and the referral form for professionals' e.g. GPs, School, Social Care, School nurses, Health visitors.
- A telephone contact for information around referrals to the navigation hub.
- A web based app called 'Dimensions Tool' that helps young people to find wellbeing support that is specific to needs. The tool provides advice, support and local interventions after answering a series of online questions for young people and families and professionals supporting a child.
- Online videos with young people experience mental health issues
- Guidance and strategies for families, professionals and teachers.

The key benefits of the new website are:

- Clearer information accessible in one place
- Increase emphasis on prevention and early intervention
- Focused on building resilience
- Help clarify the role and provision of CAMHS with children, families, schools and professionals.

An online referral form has been developed in partnership with stakeholders and the pilot testing is being undertaken with schools.

Appendix 3: Evaluating the impact of the Dimension tool

The current gold standard assessment for any child entering a primary mental health setting is the completion of an SDQ and HoNOSCA questionnaire to help clinicians assess their difficulties. However, it has recently emerged that there are numerous problems with the current questionnaires and a more advanced tool is needed to better assess how children and adolescents are affected by their problems. Therefore, the Dimensions Tool has been created which assesses the child in far more depth and breadth, to produce a formulation-based response regarding the child's health. Dimensions is a new assessment tool developed by clinicians within the Coventry and Warwickshire Partnership Trust (CWPT) neurodevelopmental team and is also currently used by clinicians after an ASD assessment method. Outcome measures play a crucial role in patient care through targeting interventions, evaluating progress and developing understanding. Recently, in response to criticism of two major measures, the RCADS and SDQ, the need for more measures for children experiencing Autism Spectrum Disorder (ASD) has been emphasised.

The Dimensions tool and the team supporting this have had an action packed year that has seen the ongoing development and evaluation of the Dimensions tool for use across the Rise partnership. During the year there has been an ongoing validation and promotion of the Dimensions tool.

As the Dimensions Tool becomes more widely known and used, parents, school staff and GPs are reporting back to Commissioners on a frequent basis that they find the tool very helpful and informative in supporting their children and young people.

Some key success in the year have included

- 'Ideas factories' to promote awareness of the tool and to develop the initiative of a Dimension Champion
- RISE / Dimensions intervention flyers available
- Self-care flyers available for all child Dimensions (but not yet for child learning disability)
- Video footage on the Dimensions website in the 'about Dimensions' section
- Data collection tool for registered users available
- 500+ reports generated within the Specialist Mental health service
- Nearly 200 registered users across Coventry and Warwickshire
- SENCO survey completed
- Ongoing work with Warwick University to review the utility of the tool which will include a repeat of the SENCO survey as well as parent/carer and children/young people feedback
- 'Dimensions Research and Engagement Plan 2018-2021' as developed in collaboration with Warwick University which summarises the work thus far and proposes the potential investment in the tool to develop it scope to be wider than the Rise services.
- Attendance at multiple events to champion the Dimensions tool
- Introduction of the 'Dimensions Champion' role and development of this to promote the tool and to support users in its uses as well as develop the scope of the use of the tool and the information held within it.
- Inclusion of Dimensions in the Community Partnership Hubs
- Use of the Dimensions tool now standard practice in Primary Mental Health
- Use of Dimensions is included in all Primary Mental Health training in schools

The tool has also been subject to clinical audit and evaluation in conjunction with Warwick University's business school, the feedback of which is expected late Oct/Nov 2018. The audit will:

- compare the new Dimensions Tool to the Strength and Difficulties Questionnaire and Health of the Nation Outcome Scale Child and Adolescents, using a small sample of 14 children from the Horizons Team

- evaluate the Utility of a Novel Tool in the Assessment of Autism Spectrum Disorder. In order to evaluate the properties of the Dimensions tool, Dimensions data from 43 children and young people (CYP) who had undergone ASD assessments was collected and analysed.

Early feedback from the results of the audit and evaluation, which involved two clinical audits being undertaken to inform the development and use of the tool, are:

- Dimensions Tool matched well with the HoNOSCA, but not the SDQ. Moreover, the Dimension Tool showed these children to be more complex, with additional difficulties than predicted by the SDQ and HoNOSCA, highlighting a number of flaws with the current gold standard questionnaires.
- Dimensions data echoed previous research as to the core characteristics of those diagnosed with ASD as well as offering potential new insights into the associations between Dimensions items and SDQ and RCADs subscales and highlighting the complexity of the needs and difficulties of CYP undergoing ASD assessments.

Initial findings suggest that Dimensions is a useful tool providing a holistic picture of CYP's needs. However, further empirical evaluation is necessary to substantiate these claims.

Appendix 4: CAMHS Transformation Road Map

Vision

- Provide stepped care through early help, prevention and crisis support
- Young people will have access to flexible personalised care
- Young people will receive early help and support within schools
- Improve and strengthen smoother transitions

- Improved care for children and young people in crisis
- More use of evidenced based practice and interventions
- Greater awareness of mental health and emotional wellbeing services
- Provide clear direction for all agencies to improve mental health & emotional wellbeing

Priorities

- Implementation of dedicated mental health support within schools and other universal settings
- Improved access
- Specialist support for ASD
- Crisis support

- Vulnerable young people
- Technology
- Community based Eating Disorder Service

YEAR 1

- Implement capacity to improve access and waiting times
- Embed acute liaison service at hospital to improve crises response and avoid admissions.
- Agree new service required to support vulnerable young people
- Develop new clinical pathway for Eating Disorder Service and mobilise resource
- Draft new ASD pathway
- Draft revised primary mental health service model

YEAR 2

- Implement fully the new eating disorder service.
- Implement a new ASD pathway, with earlier support and reduced waiting times.
- Implement increased capacity and revised Primary Mental Health Service to enhance support in schools.
- Implement new dedicated and integrated service for vulnerable young people, co-located with LA.
- Launch the Dimensions Tool to improve referral pathway
- Develop and commission new integrated collaborative pathways for tier 4 to support crises, admission prevention and safe discharge
- Review opportunities for further integration with other areas of vulnerability for young people (e.g. substance misuse).

YEAR 3

- Embed CAMHS in multi-agency early help/ family hubs.
- New tier 4 pathways are fully embedded.
- Launch a new multi-agency owned website to reach young people and suite of associated apps.
- Integrate with other appropriate services

YEAR 4

- Sustain the impact of year 1-3 transformation through:
  o Robust contract monitoring.
  o Review of individual priorities

YEAR 5

- Develop and agree a sustainability plan

Indicative Trajectory & Targets

- Urgent cases – Referral to treatment within 5 days – 100% of cases (Year 1-5)
- Routines cases - Referral to treatment within 18 weeks – 95% of cases (Year 1-3), reducing to 12 weeks (Year
- Young peoples assessed within 48hrs of presenting to hospital (Year 1-3), reducing to 24 hours, (Year 4-5)
- LAC – referral to treatment – 4 weeks. (Year 1-3), reducing to 3 weeks (Year 4-5)
- Follow up treatment appointment within 12 weeks of initial appointment – 95% of cases (Year 1-3), reducing to 8 weeks (Year 4-5)

- Children and young people referred for an assessment or treatment of an eating disorder will access NICE concordant treatment within 1 week for urgent cases (Year 1-5)
- Children and young people referred for an assessment or treatment of an eating disorder will access NICE concordant treatment within 4 weeks for routine cases (Year 1-5)
- Undertake 53 ASD assessments per month, and reduce start of year waiting list by 25% (Year 1-5)
- 5% reduction in placement breakdowns. (Year 2-5)

Cross Cutting Theme: Implement whole systems of care approach

Appendix 5: Evaluating the impact of the CAMHS transformation plan

The CQC undertook their inspection of CWPT in June 2017, with the following overall ratings for CAMHS:

	Safe	Effective	Caring	Responsive	Well led	Overall
Specialist community mental health services for C & YP	Requires improvement	Good	Good	Inadequate	Requires improvement	Requires improvement

The overall report summary acknowledged positives and strengths for the service, including the involvement in the national Quality Improvements programme, the development of the Dimensions Tool and the wide range of knowledge and skills that clients had access to. It was also noted that client feedback was positive - "the team were supportive, caring and professional, and throughout CQC visit staff were observed to be kind, approachable and passionate about their roles within the service." The challenges highlighted for the service included a temporary backlog of referrals in the Single Point of entry linked to clinical capacity limitations to undertake a clinical triage, the length of wait for children and young people to access mental health treatment, the demand and capacity gap, plus the robustness of some areas of governance.

Thematic feedback in relation to their summary findings categorised into 5 areas

Are services Safe? Key points included:
   a) the robust level of our clinical work and paperwork was evident as well as the use of Routine Outcome Measures (ROMS) and a positive level of safeguarding training;
   b) our incident reporting was found to be low and this led to the CQC being concerned that there could be under-reporting;
   c) ongoing challenges around demand and capacity meant that, at the time of assessment, it was felt the service was not processing referrals in a clinically timely fashion;
   d) the processes around recording training need to be strengthened further.

Are services effective? Key points included:
   a) the clinical expertise across the MDT and multi-agency working was seen as strengths;
   b) the comprehensive assessments, our care plans, and the use of ROMS were highlighted as good practice; clinical and managerial supervision were highlighted as positives;
   c) Our recording of training plus the dual clinical recording system (paper files and Carenotes) were highlighted as challenges;

Are services Caring? Key points included:
   a) The CQC recognised that staff demonstrated a respectful, caring and compassionate attitude towards patients and carers, showing a sensitivity and in-depth clinical knowledge;
   b) Areas around consent were well documented and demonstrated a collaborative approach with families and young people.
   c) The Child & Family Services directorate was found to have an active engagement with parents / carers and young people.

Are services responsive to people's needs? Key points included:
   a) Our waiting times were highlighted as a challenge;
   b) Positives included some of the strategies implemented to try to manage the demands and also the information available via our website and clinical leaflets.

Are services well-led? Key points included:
   a) It was recognised that the service had been involved in the National Quality Improvement Programmes;

b) Some of our governance systems were not seen as robust.
c) The date on the Trust Safeguarding policy had not been updated;
d) It was felt that there weren't obvious KPIs in place to monitor the young people waiting for intervention.
e) They found staff morale to be mixed;
f) Opportunities had been taken to develop clinical and leadership skills.

Action: current and planned

There has been a range of action that has taken place and also planned action, which focuses on the feedback and will ultimately strengthen the service. A comprehensive action plan is being developed and will be discussed with partner organisations, in recognition that many of the issues require a "system" approach / response. Key initial action points include:

a) In the new Navigation Hub (which has replaced the Single Point of Entry), all referrals are now clinically screened on the same day and fully clinically triaged within 2 working days. All referrals screened as urgent are prioritised. Coventry & Warwickshire CCGs have undertaken an assurance visit and, whilst formalised feedback is awaited, the informal feedback seemed positive.
b) Clinical staff numbers in the Navigation Hub have increased from 1.5 to 3 WTE (and admin support from 5 to 8.5 WTE);
c) Process improvements continue to be made, e.g. in the allocation of admin and clinical time;
d) The Standard Operating Procedure documentation has been updated and is in place;
e) Strengthened CAMHS waiting list review arrangements are in place through the introduction of a new fortnightly Waiting List meeting, which will involve Commissioners from early 2018;
f) Work is to be undertaken to ensure full and active engagement with partners in the development and implementation of a jointly owned approach to delivering system improvement

Follow the CQC inspection a CAMHS CQC action plan was developed. The process agreed between the Trust, the CQC and the CCG's across Coventry and Warwickshire was for the development plan, to be overseen via the established Clinical Quality Review Group (CQRG). CQRG is a monthly meeting chaired by Coventry and Rugby CCG, as the lead commissioner for MH across the Arden STP footprint. The meeting is led by the Director of Nursing for the CCG and is attended by Executive Directors, senior clinicians and managers from CWPT and quality and contracting leads from the CCG's. A standing agenda item on the CQRG for CWPT since the CQC report was published, has resulted in oversight and monitoring of the CQC development plan. This included all CAMHS actions, and all CAMHS actions were signed off as complete ahead of the most recent inspection which concluded earlier this month.

In addition to reports from the Trust regarding the actions and how they had been undertaken and completed the CCG completed 2 announced review visits of the CAMHS service across Coventry and Warwickshire. These review visits included clinicians and quality leads from all 3 CCG's and the outcome of both was very positive.

Coventry City Council

To: Coventry Health and Wellbeing Board   **Date: 14 January 2019**

From: Rebekah Eaves, Safeguarding Boards Business Manager

Title: Coventry Safeguarding Adults Board Annual Report 2017/18

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1   Purpose

The purpose of this item is to present the Annual Report 2017/2018 to Board Members and to recommend that it is signed off for publication.

2   Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the contents of CSAB Annual Report 2017/18.

3   Background / information

The Social Care Institute for Excellence has produced guidance on the minimum content for annual reports. As a minimum an annual report for a safeguarding adults board must include:

- What the board has done to achieve its objectives
- What the board has done to implement the strategy
- What individual members have done to implement the strategy
- Any reviews undertaken, and the findings and implementation of finding of any that have been completed

4   Priorities and Progress

Understanding Complex Safeguarding Issues

Much has been done in the last year to improve awareness of safeguarding issues, particularly those which are more complex. Many agencies have introduced new measures to ensure that staff are not just trained but are able to access ongoing support to improve their safeguarding knowledge and skills. However, not enough of our staff have up to date safeguarding awareness training. We remain committed to challenging and support agencies to improve this.

We are pleased that the city now has a Domestic Abuse Strategy but we want to be sure that it delivers a positive impact, so will seek assurance about this in the coming year.

We are not yet confident that all agencies are meeting their statutory safeguarding duties or that our policies, procedures and training are translated into positive outcomes for people with care and support needs. This will be a continued area of focus for us in the coming year.

Community and Engagement

We have worked hard in this area and made much progress but there is still more we can do. We need to work more closely with the community to more fully understand the needs of people with care and support needs in Coventry and ensure that their views influence our strategic decision making.

Making Safeguarding Personal

Our work this year has shown that we can be confident that professionals understand and can apply the principles of making safeguarding personal. There are times when this is difficult and the introduction of initiatives such as Risk Enablement Panels and Family Group Conferencing will be key to our ongoing success in this area. As a result we will continue to seek assurance that the Risk Enablement Panel and Family Group Conferencing projects are impacting positively on the lives of people with care and support needs, and their carers.

Learning and Development

Over the last year we have made huge progress in this area. Our Workforce Development Strategy sets the direction and standard for all future training. Our Multi-Agency Learning Events have been a huge success providing easily accessible learning that complements the more structured training outlined in our Training Plan brochure. We plan to build on this hard work by launching a quality assurance framework for our safeguarding training and exploring the possibility of developing a training package for executive members of Board member organisations.

Report Author(s):

Name and Job Title: Rebekah Eaves, Safeguarding Boards Business Manager
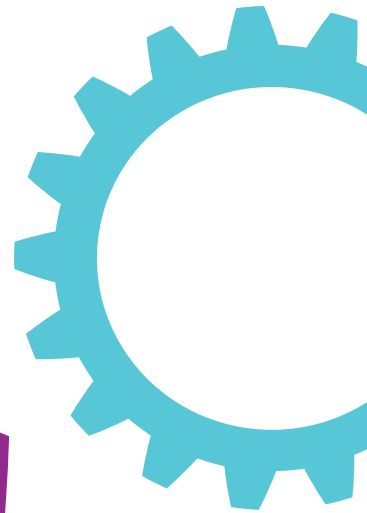
Directorate: People

Telephone and E-mail Contact: Rebekah.eaves@coventry.gov.uk T: 024 7683 1675

Enquiries should be directed to the above person.
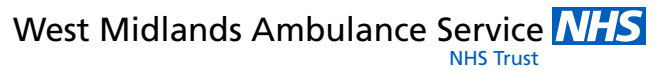
Appendices

Coventry Safeguarding Adults Board Annual report 2017-2018

Coventry Safeguarding Adults Board
Annual Report 2017/18

Board partners

National Probation Service

NHS England

Staffordshire & West Midlands Community Rehabilitation Company

Coventry and Warwickshire Partnership NHS Trust

West Midlands Ambulance Service NHS Trust

University Hospitals Coventry and Warwickshire NHS Trust

West Midlands Police

Coventry and Rugby Clinical Commissioning Group NHS

Coventry City Council

healthwatch Coventry

WEST MIDLANDS FIRE SERVICE

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Message from the Chair

I am pleased to be writing my fourth Introduction to the Adult's Safeguarding Board annual report.

The Board has continued to monitor and support the performance of all Coventry agencies, and has continued to champion multi-agency working and develop its quality assurance programme to ensure city residents are experiencing the best possible provision.

Overall, the Coventry Safeguarding Adults Board has had a successful year consolidating it's quality assurance agenda and high standard of local multi-agency work. We are particularly proud of the work that has been done on Training and Development. Partner agencies continue to work well together and there is excellent engagement at Board level. There is evidence to demonstrate that partners are making a difference to the lives of Coventry residents, and that Board priorities direct work to ensure our most vulnerable residents are protected and experience a good quality of life.

During this coming year we will be renewing our communication on what the Board is, how it work's and it's priorities to more members of the public and helping professions in other walks of life (other than social care and health) to understand their role in safeguarding the vulnerable people they come in contact with, as well as focusing on our priorities which can be found on page 20 of the report.

Following feedback from last year this year's report is slightly longer and we hope more informative.

If you would like more information, or would like a member of the Board to attend a meeting to explain it's work please contact the Board's office on 024 7683 8523 or SafeguardingChildrenandAdults@coventry.gov.uk

Joan Beck
Independent Chair
Coventry Safeguarding Adults Board

About us

1.1 Who we are

Coventry Safeguarding Adults Board (CSAB) is a formal body made up of statutory and voluntary members, which oversees how adults are safeguarded in the city. The Care Act 2014 names partners on the Board as the Local Authority, Police and Clinical Commissioning Groups (CCG). We believe that safeguarding is everybody's responsibility, and we have a wide range of members including: Coventry Warwickshire Partnership Trust, West Midlands Fire Service, West Midlands Ambulance Service, University Hospital Coventry and Warwickshire, Community Rehabilitation Company, National Probation Service – West Midlands, NHS England and Healthwatch. Although we meet as a Board four times a year, sub groups and task and finish groups carry on work on the Board's behalf throughout the year. For a full list of our current Board members please go to Appendix 1 and for more information about our basic structure please see Appendix 2.

1.2 Who we help

Safeguarding duties apply to an adult who has care and support needs (whether or not the local authority is meeting any of those needs) and:

• is experiencing, or is at risk of, abuse or neglect; and

• as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

1.3 What we do

Under the Care Act 2014 each local authority must set up a Safeguarding Adults Board. The main objective of a Safeguarding Adults Board is to assure itself that local safeguarding arrangements and partners act to help and protect adults in its area who meet the criteria described in Section 1.2. Each Safeguarding Adults Board has three core statutory duties. It must

• conduct any safeguarding adults review in accordance with Section 44 of the Care Act.

• publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any safeguarding adults reviews and subsequent action.

• publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. You can find our plan for 2018/2019 in Section 6.

The Board is not directly responsible for the delivery of safeguarding practice. We give leadership and guidance to agencies. We also check that arrangements are in place to deal effectively with allegations of abuse and neglect. We aim to enable the professionals who work with adults with care and support needs to act and keep people safe, while ensuring those accused of abusing or neglecting, are dealt with appropriately.

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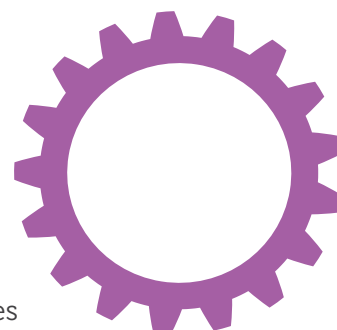
2. Adult Safeguarding in Coventry

2.1 Local background and context

In March 2018 the Care Quality Commission (CQC) published its findings following a review of health and social care services in Coventry, focusing on people aged over 65. The CQC found that there was a commitment in Coventry across all services to serving its residents well, and that front line staff were working well and highly dedicated to person-centred care.

The Board, together with all agencies working with adult residents in Coventry, face challenges as the City's population is ageing and therefore requiring more care. Coventry is acknowledged to have areas of high deprivation and keeping adults with care and support needs safe in a City with a number of diverse needs requires diligence, as illustrated in our infographic.

Local background and context

Coventry population[1]

353,200 total population of Coventry[1]

Over the last **5yrs** Coventry has been one of the fastest growing places in the country.[2]

49,500 Coventry residents are aged 65 and over, making up **14%** of the total population compared to **17.9%** across England overall.[3]

7,000 Coventry residents are aged 85 and over, making up **2%** of the total population compared to **2.4%** across England overall.[4]
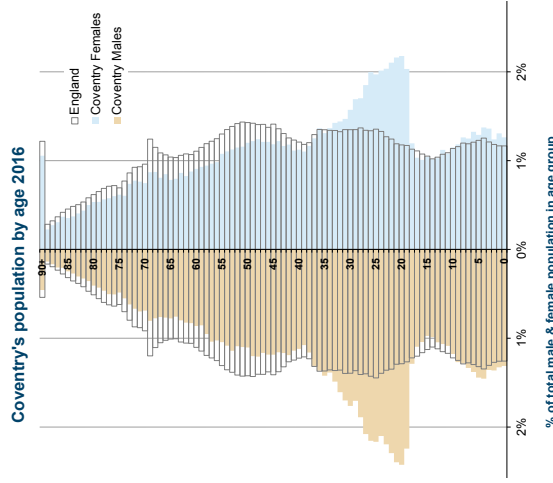
In 2011, of Coventry residents aged 65 and over:
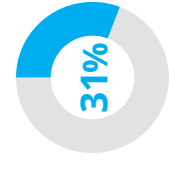
15,353 lived alone

1,300 lived in residential homes[5]

Coventry's population by age 2016

□ England
■ Coventry Females
■ Coventry Males

% of total male & female population in age group

If current population growth trends continue, then between 2018 and 2028 the adult population of Coventry will rise by **11%**. The population aged 65+ will rise by **9,200** and the population aged 85+ will rise by **2,300**.[6]

Population by age 2016	Pop. estimate	% of total pop	% of total pop
All ages	353,200	100	100
0-17	76,600	21.7	21.3
18+	276,600	78.3	78.7
18-24	51,500	14.6	8.8
25-49	123,900	35.1	33.5
50-64	51,800	14.7	18.4
16-64	234,500	66.4	63.1
65-84	42,500	12	15.5
85+	7,000	2	2.4

18% 65 yrs +

31% 85 yrs +

Deaths[7]

Number of Deaths amongst Coventry residents
source: ONS

Year	Deaths
2004	3,073
2005	3,031
2006	2,918
2007	2,853
2008	2,815
2009	2,849
2010	2,667
2011	2,591
2012	2,650
2013	2,713
2014	2,673
2015	2,799
2016	2,712

Life expectancy[8]

At birth
78.5 Coventry
79.5 England

At 65
18.3 Coventry
18.8 England

Healthy life expectancy
62.2 Coventry
63.3 England
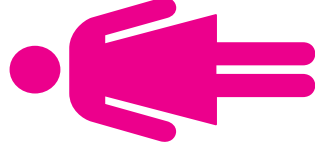
At birth
82.4 Coventry
83.1 England

At 65
20.6 Coventry
21.1 England

Healthy life expectancy
62.9 Coventry
63.9 England

Minority ethnic groups[9]

% of adults from minority ethnic backgrounds
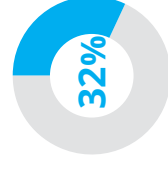
32% Coventry (all adults)

19% Coventry (65 yrs +)

Window of need[10]
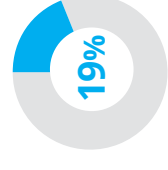
See the variations in life expectancy across Coventry's neighbourhoods on this **webpage**.

50 years — 90 years

Coventry 16.3 years

62.2 **78.5**

Healthy Life Expectancy — Life Expectancy

England 16.2 years

50 years — 90 years

Coventry 19.5 years

62.9 **82.4**

Healthy Life Expectancy — Life Expectancy

England 19.2 years
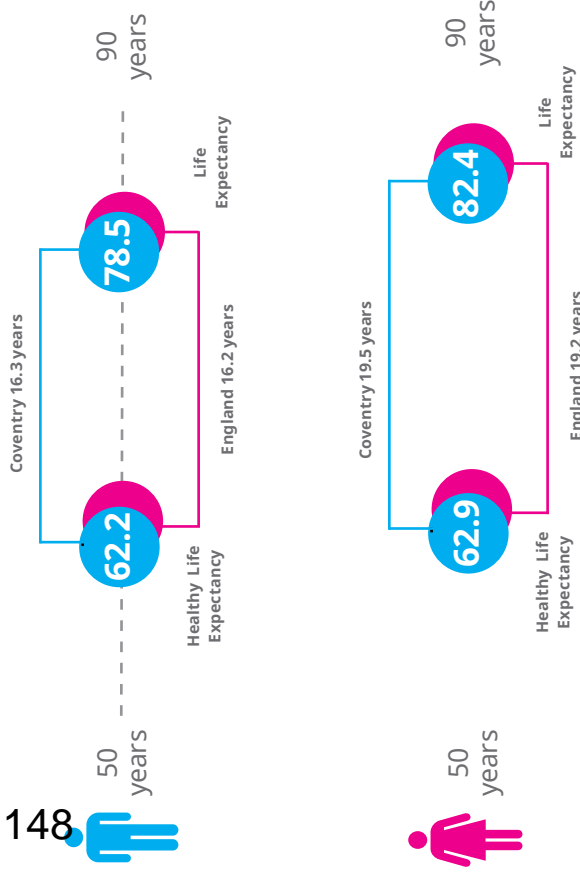
Disability

In 2011, **26,900** working age (aged 16-64) Coventry residents had a long-term health problem or disability.

24,700 Coventry residents aged 65+ had a long-term health problem or disability.[11]

13% Coventry
13% England

55% Coventry
52% England
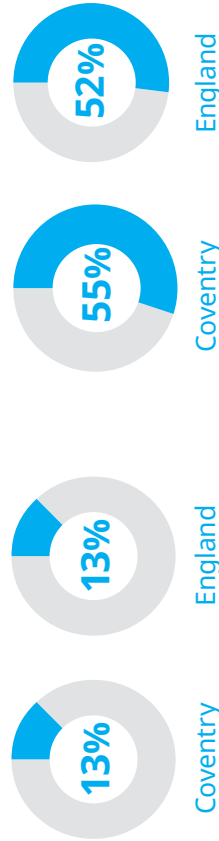
An estimated **2.5%** of Coventry residents have a learning disability.[12]

Health

In 2011, **18%** of Coventry residents aged 65+ were in bad or very bad health compared to 14% across England overall.[17]

In September 2017, **2,116** Coventry residents aged 65+ were recorded by their GP as having dementia. This is 3.9% of all residents aged 65+.[18]

In 2016/17, **288** Coventry residents aged 65+ suffered a hip fracture, which is a rate similar to the England average.[19]

Care

In 2011, **31,900** Coventry residents provided some unpaid care. This is 10% of all Coventry residents.

Of those providing unpaid care, **6,500** were aged 65 and above. This is 14% of all residents aged 65 and above.

Deprivation

17.2% of Coventry residents 0-17 years live in areas that are among the most deprived 10% of neighbourhoods in England.[13]

13.1% of Coventry residents aged 65+ live in neighbourhoods that are among the most deprived 10% of neighbourhoods in England.[14]

The Index of Multiple Deprivation 2015 ranked Coventry as the **46th** most deprived local authority in England out of 326.[15]

In the Income Deprivation Affecting Older People Index (IDAOPI), part of the Indices of Deprivation 2015, Coventry was ranked **31st** most deprived local authority in England out of 326.[16]

Sources

1. 2016 mid-year population estimates, Office for National Statistics
2. 2012 – 2016 revised mid-year estimates, Office for National Statistics
3. 2016 mid-year population estimates, Office for National Statistics
4. 2016 mid-year population estimates, Office for National Statistics
5. Census 2011, ONS Crown Copyright
6. 2014 Sub National Population Projections, Office for National Statistics
7. Deaths by usual area of residence, ONS
8. 2014 – 2016. Sources: ONS & Public Health England, Public health Outcomes Framework
9. Census 2011, ONS Crown Copyright
10. Source: analysis and charts from "Healthy Life Expectancy Report, Coventry", March 2018, produced by West Midlands Health Public Health Intelligence Group (WMPHIG)
11. Census 2011, ONS Crown Copyright
12. 2016/17 QOF Prevalence, People (all ages) with learning disability known to GPs (%), Public Health England
13. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
14. Index of Multiple Deprivation 2015, DCLG; 2016 mid-year population estimates 2016, ONS
15. Index of Multiple Deprivation 2015, DCLG
16. English Indices of Deprivation 2015, DCLG
17. Census 2011, ONS Crown Copyright
18. Public Health England
19. Public Health England

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2. Outcomes for Coventry adults

Referrals and Safeguarding Enquiries

Each year Coventry City Council carries out approximately 300 safeguarding enquiries as a result of the referrals made. Referrals come in a variety of forms from professionals, the person themselves, and the family and friends of those who may be in need of care and support to keep themselves well and safe. The table below shows the original source of all concluded safeguarding enquiries in 2017/2018.

Figure 1: Source of concluded enquiries 2017/18

Agency	Referral number
Adult social care	8
Ambulance service	38
Anonymous/neighbour/member of public	3
CQC	7
GP/NHS Direct	4
CCG	1
Friend/family/partner	29
NHS community	10
NHS hospital	34
NHS other	7
Advocate	2
Education/training/workplace	1
Housing	2
Voluntary organisation	1
Other Local Authority	2
Other service user	1
Police	5
Self	5
Social Care	101

The 2017-18 referral rate was significantly higher than the 2016-17 rate for the first few months of the year but stabilised from December onwards. Roughly 17% of the referrals received go on to become enquiries. This averages at approximately 40 individuals per month in receipt of professional support as a result of a safeguarding concern being raised, a reduction from 2017 when roughly 36% of referrals became enquiries. Approximately 80% of all referrals across the year were processed within 2 days, which is an area of improvement for the partnership over the next year.

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Figure 2: Safeguarding referral conversion rates
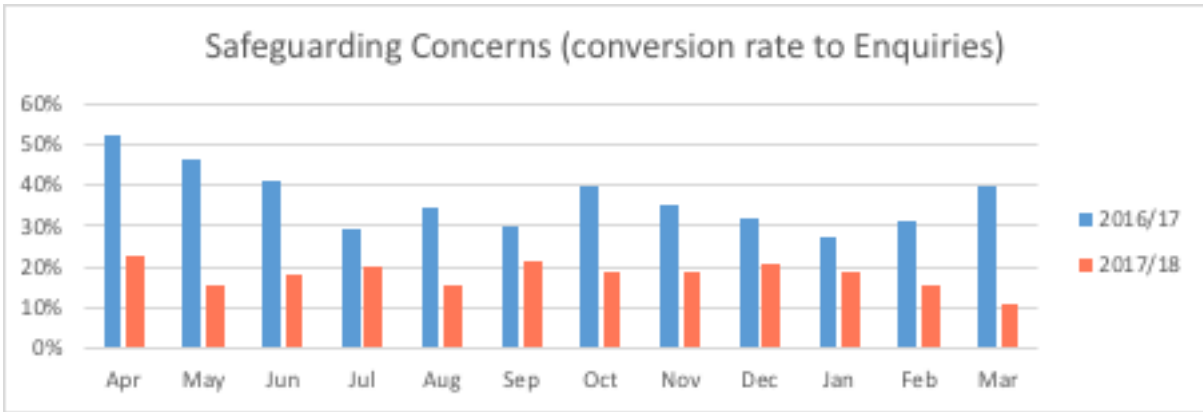
Types of Abuse

The main category of abuse for adults in Coventry this year was neglect, with physical and financial abuse the second and third most prevalent categories.

Figure 3: Types of abuse
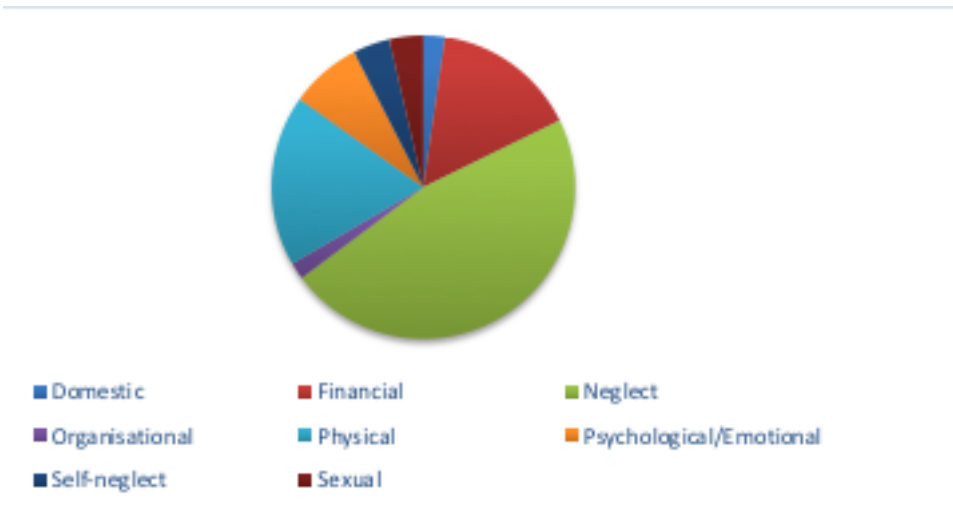
This indicates that a variety of supportive measures are required within the City to help individuals manage the risk posed to them by others, and to support them in living happy and safe lives. Coventry has an increasingly ageing population, with over 14% of the population aged 65 or over. As a result there are an increased number of individuals who may have or develop care and support needs and this may, in turn, lead to increased demand for residential care home places. Over the coming years in Coventry there will need to be a focus on assuring good quality residential care home placements to evidence to the Board that individuals are safe, have a good quality of life and are being cared for with dignity.

Making People Safer

Throughout the year fewer than 11% of referrals were individuals already known to the Local Authority, meaning that in the vast majority of cases the initial help and support received by the service user reduced their risk appropriately and in the long term. In 92% of cases the risk to the individual was either reduced or completely removed by the end of their safeguarding enquiry. In 4% of cases the risk was judged to remain, and this relates to adults with capacity making decisions that are risky for them (for example, choosing to remain with an abusive partner). A difficult aspect of safeguarding work is ensuring that adults with capacity, despite their care and support needs, have their wishes respected even if this increases the risk of harm or abuse to them. They may later be re-referred to social care, and at that time a capacity assessment will be completed again to establish their current situation and to assess whether any intervention or protective measures are now required.

Each year the Adult Social Care Outcomes Framework (ASCOF) requires areas to report on the proportion of people who use services who feel safer as a result of receiving those services. Although the figure for Coventry has fallen this year it is still above the average for both West Midlands and England as a whole, meaning that we can feel confident that services provided in Coventry make people feel safe.

Figure 4: The proportion of people who use services who feel safe

	2016/17	2017/18	2017/18 Target	Trend	West Midlands 2016/17 Average	England 2016/17 Average
Proportion of people who use services who feel safe	75	72	68.6		71.1	70.1

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Making Safeguarding Personal

Making safeguarding personal has been a key focus for all Coventry partners across the year. Where possible, we want people to express their wishes and ensure the outcomes of any work achieves them. Risk will always be the primary driving factor in work with individuals, but recognising and respecting their desires is important in helping people to obtain and maintain a good, happy quality of life.

Figure 5: Achieving the wishes of adults with care and support needs in 2017
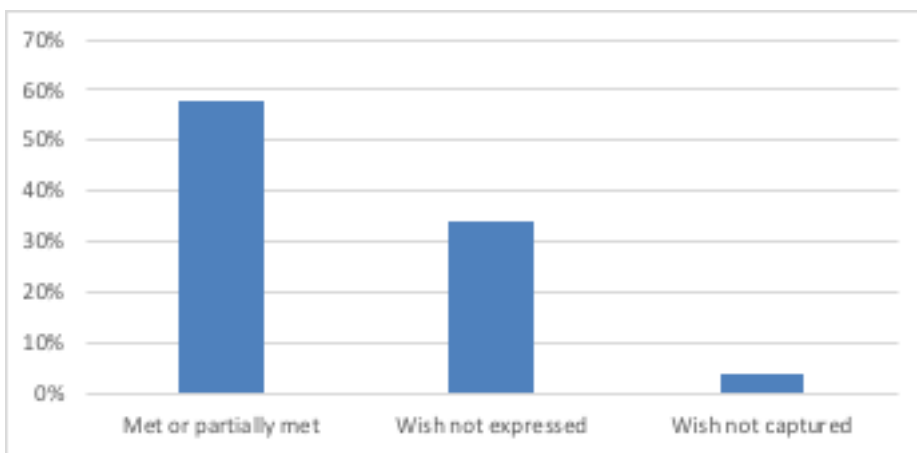
In 2017-18 the wishes of service users were either met or partially met in the majority of cases. Some individuals did not express a wish, and some wishes were not captured, which is of concern and an area for partners to seek to improve across the next year. Although it may not be possible, in some cases, to align outcomes with the wishes of an individual (for example, if someone expresses a wish to live alone and it is not safe for them to do so) all service users should be asked their preference and efforts made to align this with the work undertaken by the partnership.

Advocacy Support

Board attention has also been directed at advocacy services over the year, ensuring that all adults with care and support needs requiring representation receive timely and good quality provision. The providers of local advocacy services are changing at the beginning of the financial year 2018 but it is acknowledged that Age UK and Grapevine, who provided the 2017-18 service, performed well with between 97 and 100% of individuals requiring an advocacy service receiving support. In 2017 84 clients were surveyed about their experiences of adult advocacy services and the results were positive.

Figure 6: Advocacy survey outcomes
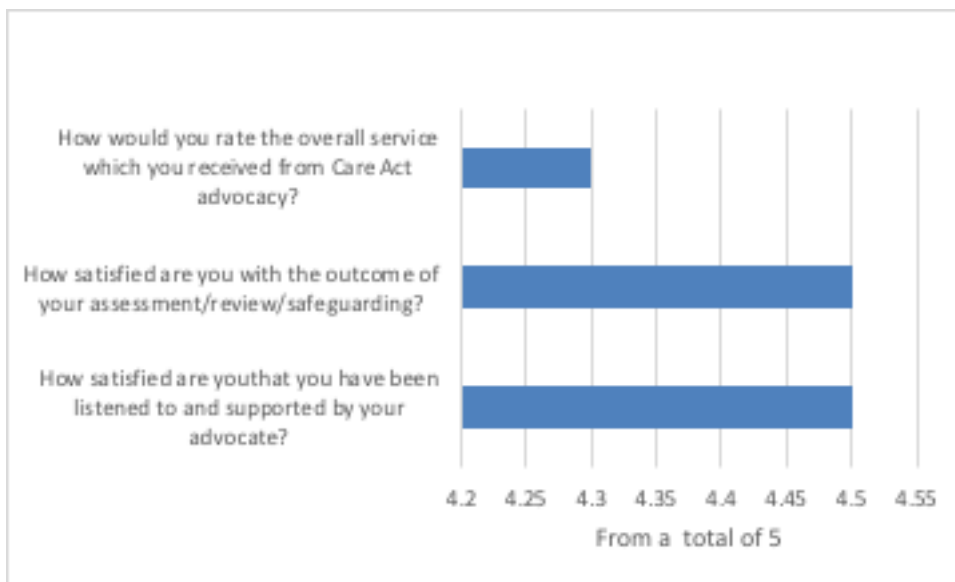
Coventry measures the number of Deprivation of Liberty Safeguards (DoLS) applied for in relation to adults with care and support needs, and whether they are granted or not granted every year. This data is shared to provide assurance to the Board that application are being properly made and granted where appropriate.

Over the year 2248 applications were made, an increase from 2016-17 indicating that knowledge and understanding around DoLS requirements has increased and people are being referred more appropriately. 46% of applications were granted and 29% were not granted; the most frequent reasons for this was because the service user has passed away or has changed their residence type (meaning the safeguards were no longer required).

Overall, the management of DoLS applications over the past year has been a success story in Coventry: there is evidence of increased understanding by practitioners of the requirement to refer and of improved processing timeliness by the local authority, resulting in a higher number of adults with care and support needs in Coventry being kept safe from harm.

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2.3 Conclusion

Practitioners across Coventry are highly dedicated to person centred care and this is reflected in the number of people who tell us that their wishes regarding the outcomes of safeguarding enquiries were met. We are always looking to improve and it is clear that there is still more work to be done to ensure that more people are enabled to express their wishes at the outset of an enquiry. We also need to improve practitioner confidence in providing appropriate support to adults with care and support needs who have the capacity and desire to make risky choices, as this is a constant challenge to our commitment to carry out our safeguarding responsibilities.

There is an effective referral process in Coventry where decisions are made in a timely manner and where, in the majority of cases, risk is removed or reduced to a safe level. There is also effective advocacy support available, in line with the requirements of the Care Act.

Our knowledge of Coventry and its people shows that there is a real potential for an increase in demand for care provision. Going forward, we will need to seek continued assurance that providers understand and execute their safeguarding responsibilities. We also know that neglect continues to be the most prevalent form of abuse, along with physical and financial abuse and will need to ensure that we enable practitioners to identify and respond to these abuse types appropriately, as well as work with the community to consider what more can be done to prevent abuse.

3. How we have made a difference.

Our purpose is to promote partner agencies to work together, coordinate the work of partner agencies and assess the difference that we make to adults with care and support needs in Coventry. This section presents some highlights of the work agencies have done to deliver Board priorities.

3.1 Understanding Complex Safeguarding Issues

We said:	**The Board ensures that complex safeguarding issues, such as self-neglect, modern day slavery, child sexual exploitation and transitions, and domestic abuse are understood** **We will** • Carry out a multi-agency audit to ensure that all partners are compliant with the requirements of the Care Act 2014 in respect of their safeguarding arrangements • Develop a series of real life stories to raise awareness of complex safeguarding issues
We did:	The Clinical Commissioning Group (CCG) have introduced named safeguarding professionals within primary care settings (GPs) to streamline and support safeguarding. This includes the use of technology to give real time support to decision making and has led to the earlier identification of safeguarding concerns.
	The CCG is in the process of commissioning IRIS, to be operational in the second quarter of 2018/2019. This is a training support and referral programme for GP practices that promotes clinical enquiry, increases practitioner confidence to record disclosures and recognise risk factors.
	The CCG ensure all commissioned providers implement a modern slavery statement which recognises their responsibility as employers.
	Coventry City Council have published a Domestic Abuse Strategy which will improve the way in which this type of abuse is understood and responded to.
	Together Coventry City Council and the CCG are funding the Hoarding Service Community-Based Preventative Support Project. This will provide specialist advice, guidance and support for practitioners.
	University Hospital Coventry and Warwickshire (UHCW) have a comprehensive training package which, this year, has helped staff to identify self-neglect and led to an increase in referrals for this abuse type.
	West Midlands Ambulance Service (WMAS) have introduced a regular staff newsletter that tackles key issues such as referrals, Prevent and Domestic Abuse in a question and answer style.
	Coventry Safeguarding Adult Board has reconvened the Policy and Procedures Subgroup, to enable a review of the current suite of policies and to ensure good practice is promoted through the publication and implementation of appropriate policies, procedures and guidance.
	Coventry Safeguarding Adult Board has developed a comprehensive quality assurance programme which will ensure that the Board can assess the extent to which practice improvements result from our awareness work.
	Coventry Safeguarding Adult Board has been assured that the number of people receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.

Coventry Safeguarding Adult Board has been assured that the number of staff receiving basic safeguarding awareness across the city has improved and are offering challenge and support to agencies that require it.

Percentage of staff with up to date basic safeguarding awareness training

Statutory Agency	End of Year Position (%)
Coventry City Council	57
University Hospital Coventry & Warwickshire	86
Clinical Commissioning Group	61
Coventry & Warwickshire Partnership Trust	96
West Midlands Fire Service	90
National Probation Service	73

Coventry Safeguarding Adult Board has commissioned a multi-agency self –assessment audit that will provide assurance to the Board regarding the extent to which member agencies are meeting their statutory safeguarding duties as laid out in the Care Act 2014. This will be conducted in the first quarter of 2018/2019.
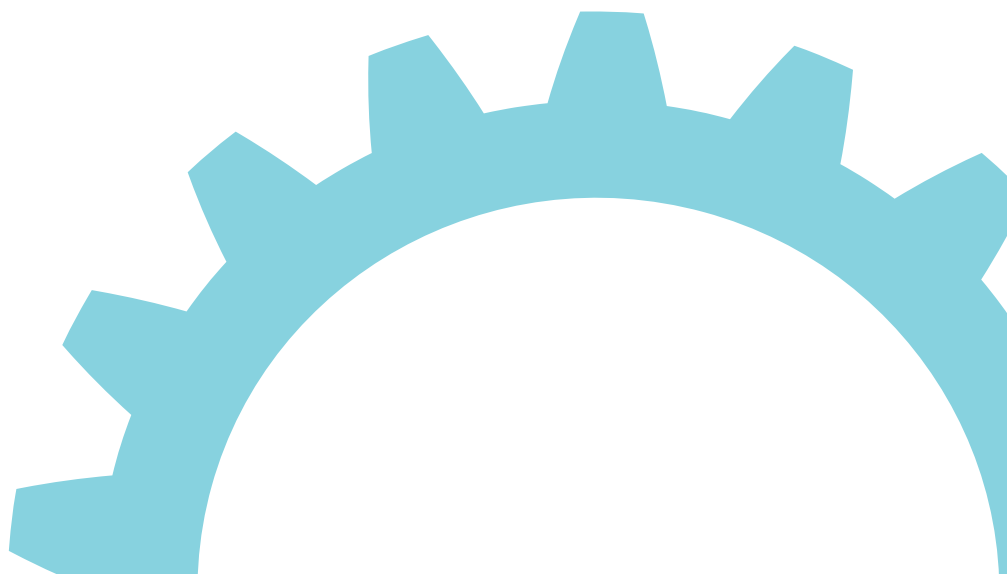
Appendix 1
Performance Dashboard

Empowerment – Presumption of person-led decisions and informed consent

Percentage of adults with concluded safeguarding enquiries who lack capacity who were supported by an advocate
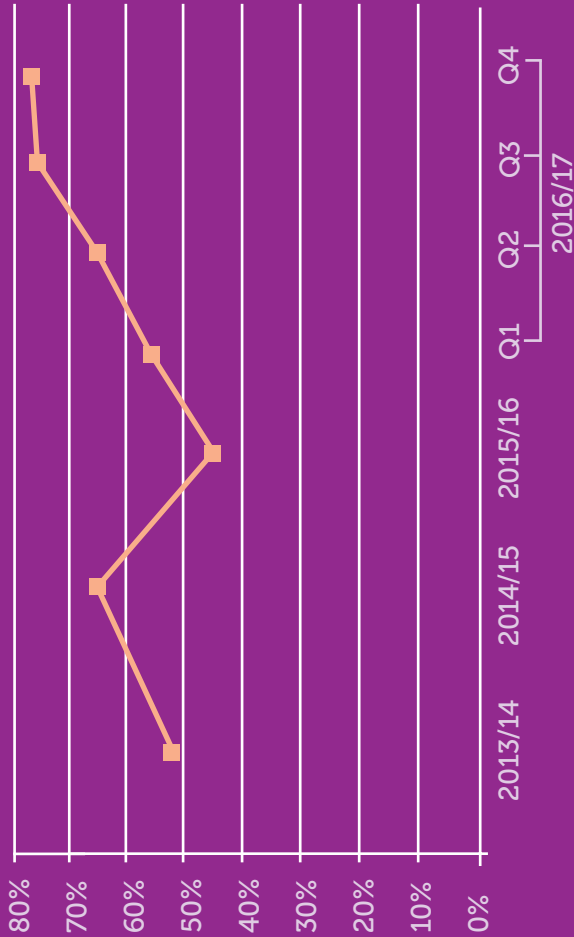
Proportion of people who use services who feel safe (ASCOF 4A)

Coventry				Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17	2016/17 Target				
75.8	70	75	68.6	←	68.7	70.2	68.8

Proportion of people who use services who say those services have made them feel safe and secure (ASCOF 4B)

Coventry				Trend	Comparator 2015/16 Average	West Mids 2015/16 Average	England 2015/16 Average
2014/15	2015/16	2016/17	2016/17 Target				
85.6	86	88	84.1	←	84.2	86.9	85.2

Engagement of the adult in the process – outcomes achieved

Fully achieved   Partially achieved   Not achieved

Q4 2016/17: 64% / 23% / 13%
Q3 2016/17: 64% / 21% / 15%
Q2 2016/17: 65% / 22% / 13%
Q1 2016/17: 50% / 32% / 18%
2015/16: 50% / 29% / 21%
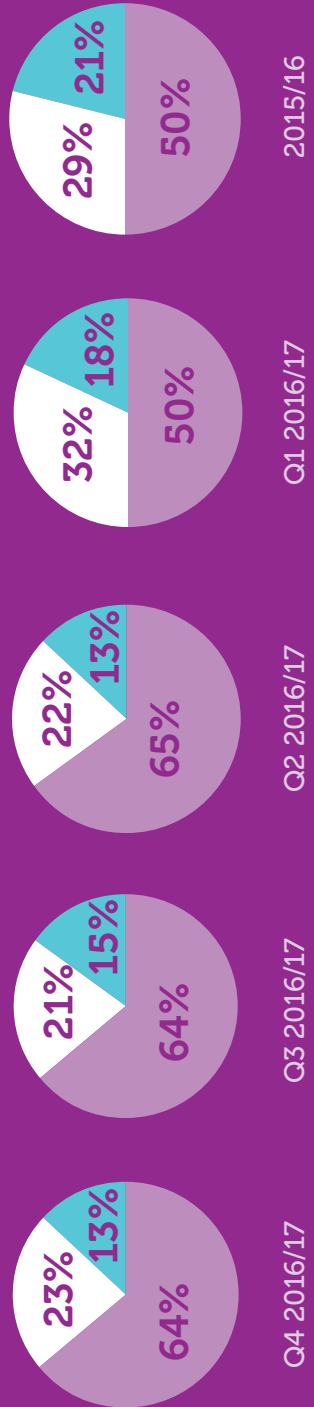
Safeguarding – MSP Wishes	As at end of month
Number of concluded enquiries (YTD)	965
Number of wishes recorded	663
% of wishes recorded	68.7%

Prevention – It is better to take action before harm occurs

Provision of awareness training by statutory partners

Current **UHCW** staff have been trained to Level 1 in adult safeguarding in the last three years

88%

Current **CWPT** staff have been trained to Level 1 in Safeguarding Adults in the last three years

98%

Note: We are still developing the recording and reporting of adult safeguarding training. Therefore comparisons cannot be made between agencies.

Current large scale investigations underway

As at 31 March 2017 there are no large scale investigations underway.

Number of providers in PEP process

Current **CCG** staff received basic adult safeguarding awareness training in the last three years

56%

Coventry City Council staff received basic adult safeguarding awareness training in the last two years

70%

- 2014/15
- 2015/16
- 2016/17

Note: The Provider Escalation Panel is a group of professionals that monitor the quality of care provided through commissioned services.

	Q1	Q2	Q3	Q4
2014/15	16	12	7	6
2015/16	9	7	10	4
2016/17	8	3	5	4

Number of adults placed out of city

- No. of adults placed by Coventry City Council
- No. of adults placed by CCG

	Q1	Q2	Q3	Q4
No. of adults placed by Coventry City Council	166	182	130	204
No. of adults placed by CCG	135		269	132
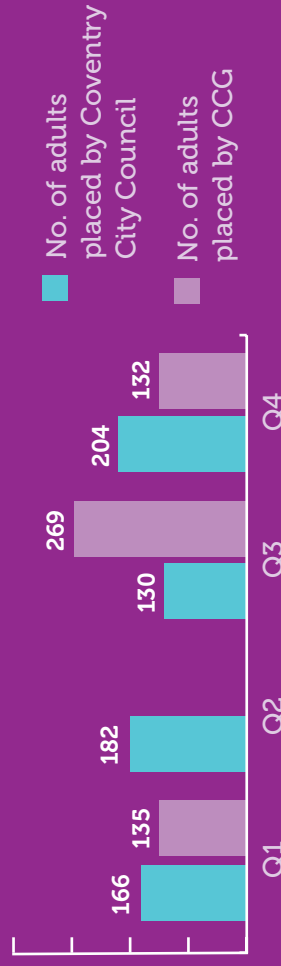
Prevention – It is better to take action before harm occurs

Safe and Well Visits

Legend:
- Q1
- Q2
- Q3
- Q4

Categories (vertical axis): Contact, Contact and connect, Other, CCC other, Multi-agency forums, Ind and private, 3rd sector, Police, Health, Social Care

Horizontal axis: 0, 10, 20, 30, 40, 50, 60, 70, 80, 90, 100, 110
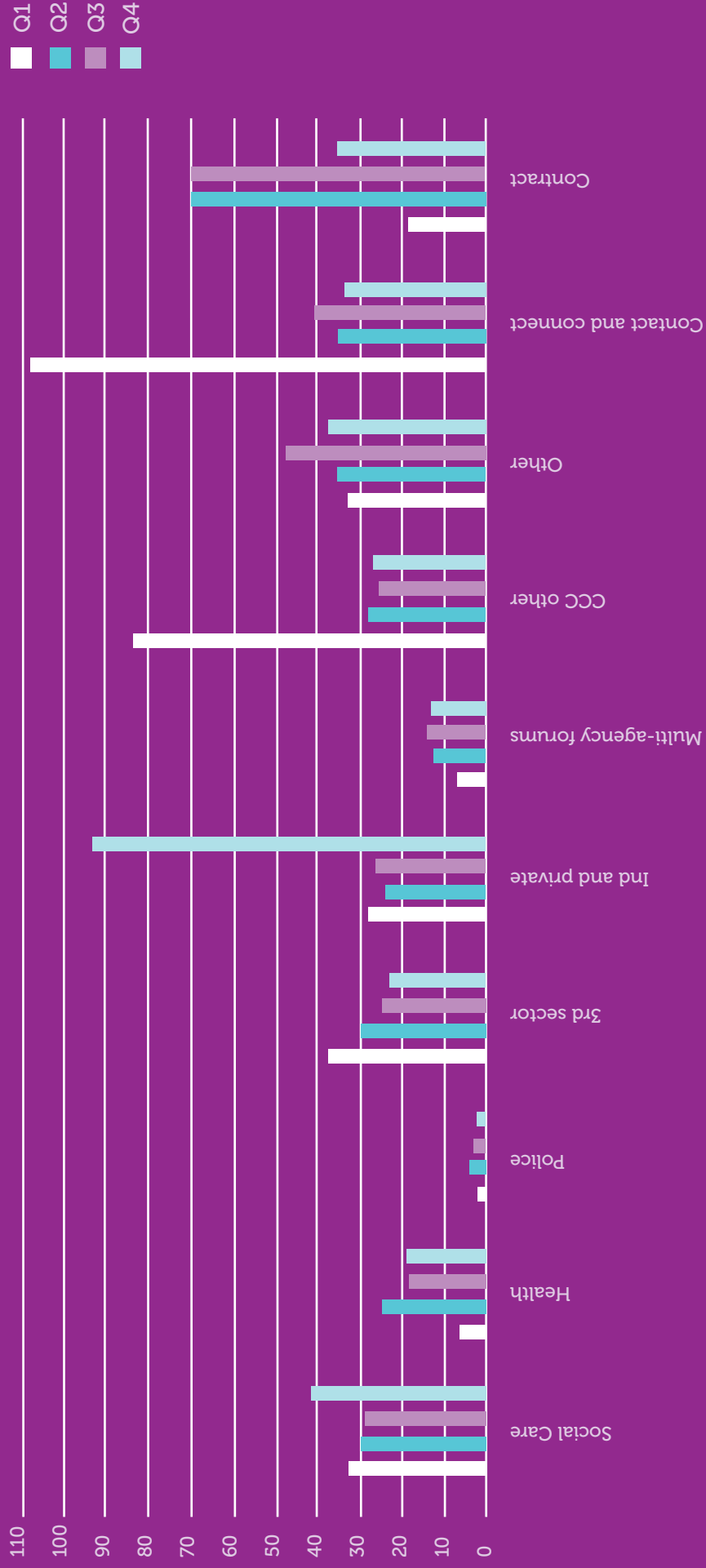
Proportionality - Proportionate and least intrusive response appropriate to the risk presented

Concerns and enquiries

% of concerns that became an enquiry

■ 2015/16 ■ 2016/17

Deprivation of Liberties (DoLs) requested / granted

Application outcome 2016/17 %

Apr May Jun Jul Aug Sep Oct Nov Dec Jan Feb Mar

■ Granted ■ Not granted ■ Withdrawn ■ To be completed
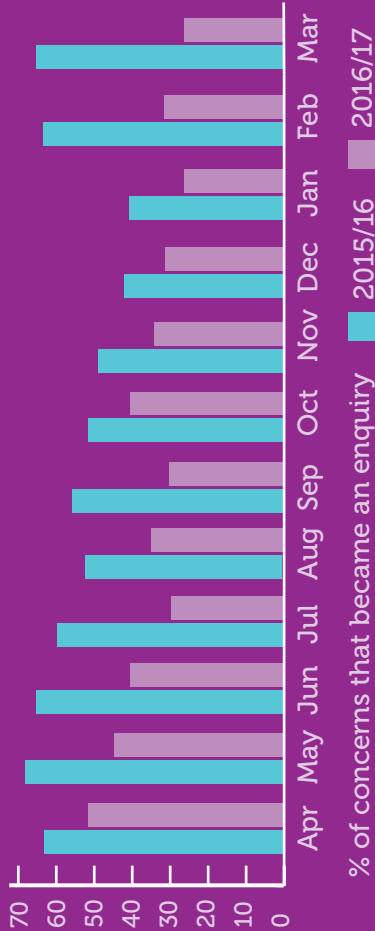
Number of people and number of new enquiries

■ 2015/16 number of new enquiries   ■ 2016/17 number of new enquiries
■ 2015/16 people S42 enquiries   ■ 2016/17 people S42 enquiries
— people S42 enquiries   — number of new enquiries
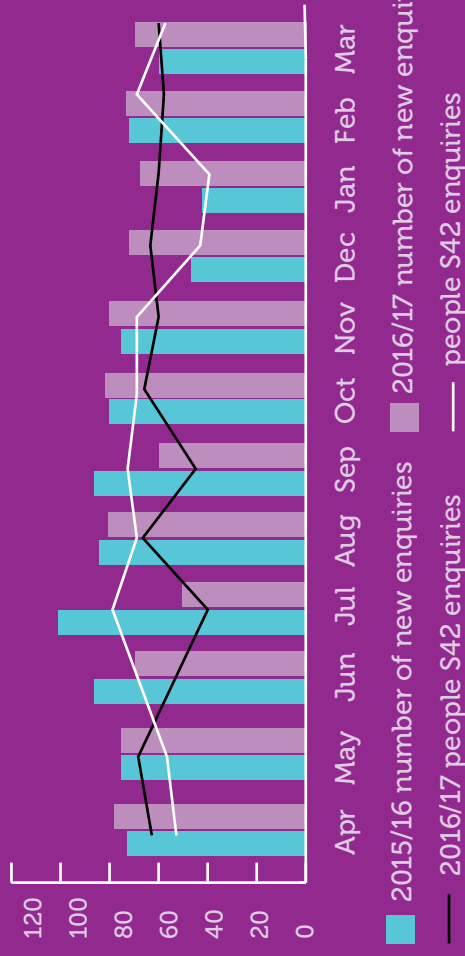
Note: There is a significant continuing rise in the number of new enquiries and in the number of people subject to an enquiry. The number of concerns that become an enquiry is broadly static.

Deprivation of Liberties applications

	Applications granted within 3 months of being received		Applications granted after 3-6 months of being received		Applications granted after 6 months of being received		Total
15-16	125	17%	315	42%	310	42%	750
15-16 carried over	32	9%	246	72%	68	19%	344
16-17	514	70%	221	30%	0	0%	735
Total 16-17	**546**	**50.6%**	**467**	**43.3%**	**66**	**6.1%**	**1079**

Proportionality continued

BME concerns reporting

% Safeguarding concerns from the BME community
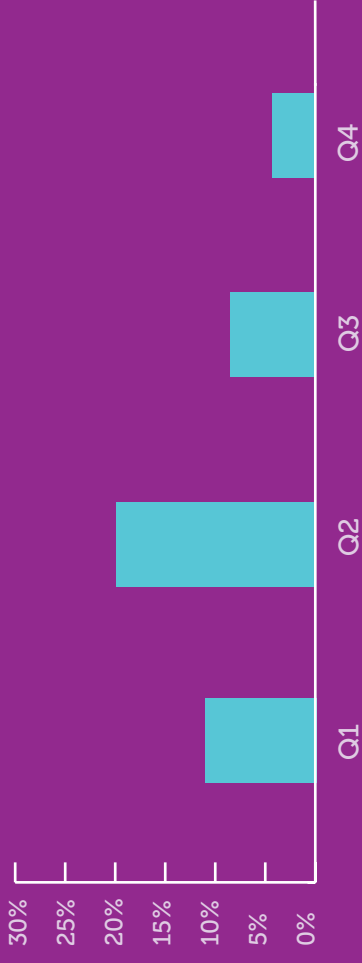
% safeguarding concerns with an initial decision made within 2 days

Page 162
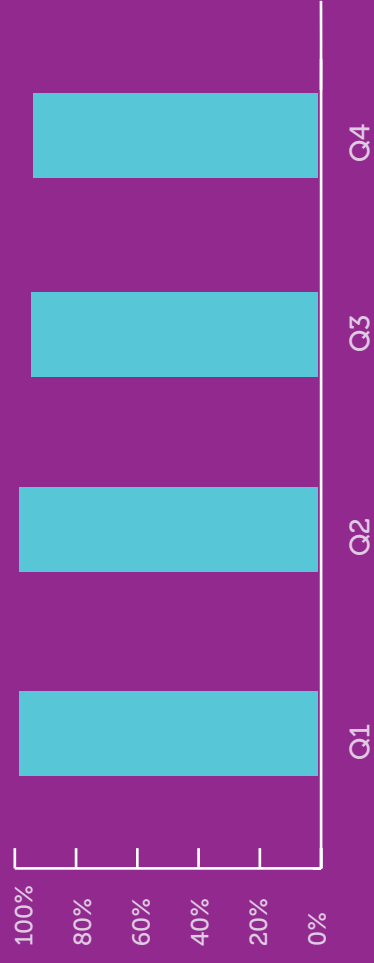
Protection – Support and representation for those in greatest need

Number of pressure ulcers (due to neglect)reported
Coventry City Council

Legend:
- Q1
- Q2
- Q3
- Q4

X-axis: 2013/14, 2014/15, 2015/16, 2016/17
Y-axis: 0, 100, 200, 300, 400

Clinical Commissioning Group

Legend:
- Q1
- Q2
- Q3
- Q4

X-axis: 2015/16, 2016/17
Y-axis: 0, 50, 100, 150, 200

% of repeat safeguarding enquiries

Legend:
- % 2014/15
- % 2015/16
- % 2016/17

X-axis: Q1, Q2, Q3, Q4
Y-axis: 0, 5, 10, 15, 20
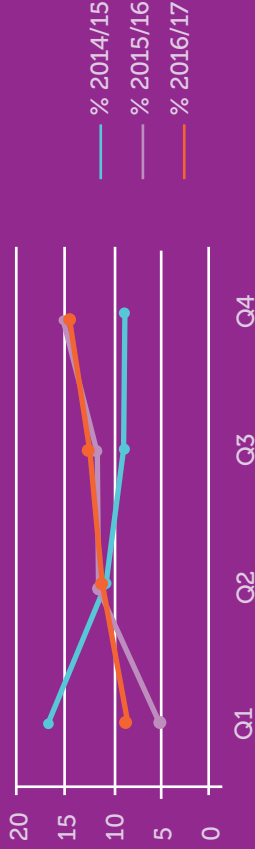
Safeguarding activity by type of abuse

Abuse type	%
Neglect and acts of omission	39
Physical	22
Financial and material	14
Self neglect	7
Emotional/psychological	11
Sexual	3
Organisational	1
Domestic abuse	2
Sexual exploitation	1

Results of action at enquiry conclusion

Concluded where harm/abuse identified	2016/17 YTD	
	Number	%
Risk remains	41	9%
Risk reduced	264	59%
Risk removed	143	32%
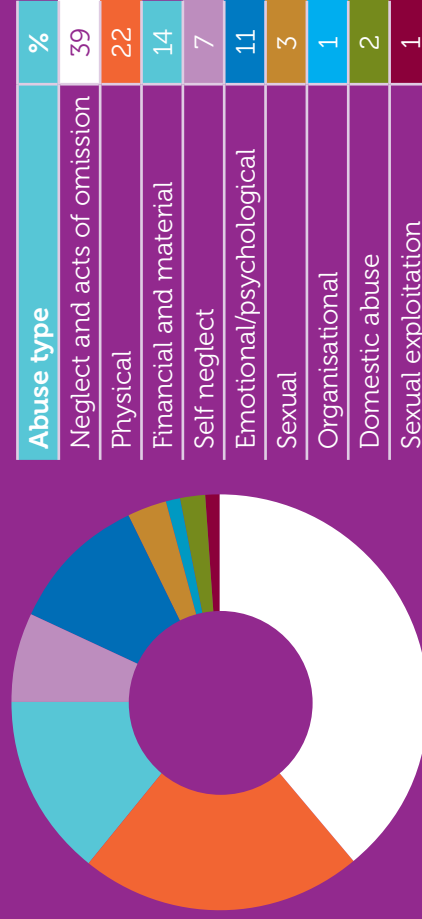
Domestic violence incidents reported to Police 2016/17

Legend:
- Q1
- Q2
- Q3
- Q4

Values: 1454, 1516, 1435, 1366

X-axis: 0, 1000, 2000, 3000, 4000, 5000, 6000
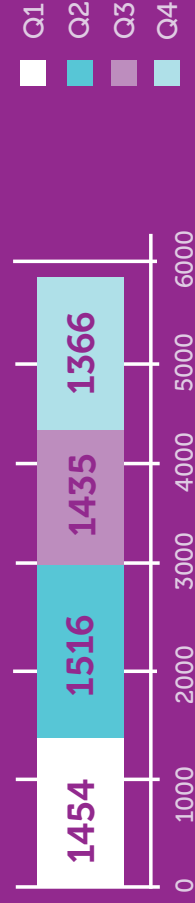
Note: Total offences reported are 3.4% lower than the previous year

Partnership – Local solutions through services working with their communities

Communities have a part to play in preventing, detecting and reporting neglect and abuse

Source of enquiry

Enquiry Source	No. of concluded enquiries
Residential Care	190
Ambulance Service	117
Hospital Ward Staff	97
Family Member	69
Nursing Home	62
Domiciliary Care	55
Nurse (non-hospital)	49
Extra Care Housing	47
Not Listed	38
Self (Adult at Risk)	32
Social Worker/Care Manager	18
Community Based Professional Allied to Medicine	19
A&E Hospital	17
Anonymous	16
Mental Health Staff - Joint Teams	16
Other Hospital Staff	14
Care Quality Commission	12
Supporting People Accommodation	12
Friend/Neighbour	11
Other Social Care Staff	10
GP	10
Police	9
Education/Training/Work Place Establishment	9
Day Care	8
Advocate	7
Member of the Public	6
Acute PCT	6
Housing	4
Voluntary Organisation	3
Volunteer/Befriender	2
Partner/Ex-Partner	1
Grand Total	**965**

Attendance at Board meetings

Organisation	Meetings attended	Attendance expectation	% attendance
Independent Chair	4	4	100
Coventry & Rugby CCG	4	4	100
CWPT	4	4	100
UHCW	4	4	100
Coventry City Council	4	4	100
Public Health	3	4	75
Health Watch	3	4	75
West Midlands Fire Service	3	4	75
West Midlands Police	2	4	50
Hereward College	2	3	67
GPs	1	1	100
Housing	1	1	100
NHS England	0	4	0
CRC Probation	0	4	0
National Probation Service	0	4	0
West Midlands Ambulance Service	0	1	0

Note: Data covers 1 April 2016 to 31 March 2017

If you think an adult is at risk
of abuse call Adult Social Care Direct
024 7683 3003
or e-mail
ascdirect@coventry.gov.uk

Adult Social Care Direct is based at
Broadgate House,
Broadgate, Coventry,
CV1 1FS

10 categories of abuse:

Physical
Domestic violence
Sexual
Psychological
Modern slavery
Financial or material
Neglect & Acts of Omission
Discriminatory
Organisational
Self-neglect

Coventry Safeguarding Adults Board
Tel: 024 7683 2568
www.coventry.gov.uk/csab
E-mail: CoventrySAB@coventry.gov.uk

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Report

Coventry City Council

To: Coventry Health and Wellbeing Board　　　　　**Date: 14 January 2019**

From: Rebekah Eaves, Safeguarding Boards Business Manager

Title: Coventry Safeguarding Children Board Annual Report 2017/18

1　Purpose

The purpose of this item is to provide an update to members of Board on the Coventry Safeguarding Children Board Annual report 2017-2018.

2　Recommendations

The Health and Wellbeing Board is recommended to:

1. Note the contents of CSCB Annual Report 2017/18.

3　Information

It is a statutory requirement for our annual report to be produced and published. This report outlines the achievements and challenges of Coventry LSCB from April 2017 to March 2018. It evaluates the impact of Coventry's services on outcomes for children and shows how the work of the Board has contributed to improving outcomes. It details the Board's progress in implementing its current priorities.

4　Board Priorities and progress 2017/18

Children and young people who are looked after have equal opportunities to other children and young people- The Board now have a much better understanding of the outcomes for looked after children. Over the coming year there are plans in place to develop improved opportunities for this group of children, particularly through the provisional of apprenticeships. There is also ongoing work to further improve the health of looked after children. The Board will be seeking assurance of effectiveness of commissioned services for LAC from the clinical commission group to ensure that these improvements are made.

Early help services, including mental health support, are available to children and young people and are resulting in positive outcomes- The redesign of the delivery of Early Help is

encouraging, as it will allow for a more seamless provision of support to families, across the continuum of need. There have been some positive developments in the way in which agencies are able to measure the impact of early help work. The board now needs to have improve the oversight it has of the sustainability of the positive outcomes that are now being experienced.

Missing children and young people, and those at risk of child sexual exploitation, are protected by effective multi-agency arrangements- We have continued to progress our previous good work in this area with professionals increasingly aware of and responding to CSE risk. Over the year it has become increasingly clear that there are other areas of exploitation including criminal exploitation and issues around 'County Lines' which are similar in nature to CSE and to which we also need to respond. We also need to do more to consider the needs of victims as they transition into requiring adult support services.

The profile of understanding of emotional abuse and neglect, including domestic abuse, is raised, that abuse is identified as early as possible, and that appropriate interventions are provided to prevent further abuse and harm. We have taken some significant forward steps in this area, setting the direction for effective partnership working with the launch of strategies in relation to both neglect and domestic abuse and the roll out of Signs of Safety. There is still more to do to ensure the roll out of Signs of Safety Training and to ensure that we monitor the impact of neglect strategy on effectively responding to and having a positive impact on children and families.

Report Author(s):

Name and Job Title: Rebekah Eaves, Safeguarding Boards Business Manager

Directorate: People

Telephone and E-mail Contact: Rebekah.eaves@coventry.gov.uk T:024 7683 1675

Enquiries should be directed to the above person.

Appendices

Coventry Safeguarding Children Board Annual report 2017-2018 *(to follow)*

Coventry City Council

Report

To: Coventry Health and Wellbeing Board   **Date: 14 January 2019**

From: Pete Fahy – Director of Adult Services
Debbie Dawson – Policy and Partnerships Transformation Officer, Insight

Title: Care Quality Commission (CQC) Local System Review – Improvement Plan Progress

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1   Purpose

This report summarises progress against the improvement plan arising from the Care Quality Commission System Review. The improvement plan is owned by the HWBB and will receive routine monitoring reports on progress against the plan until its completion (March 2019).

2   Recommendations

The following recommendations are made to Coventry Health and Wellbeing Board:

a. That HWBB note the progress made and areas still to be addressed against the actions in the improvement plan arising from the CQC local system review; and

b. That HWBB continue to maintain oversight of progress against the improvement plan at future meetings.

3   Background

The CQC undertook a system wide review of health and care for people aged 65 and over in Coventry between December 2017 and March 2018. As a result of this review the Coventry HWBB agreed an improvement plan which was closely linked to work already underway across the system. This plan was approved by the HWBB on 9 April 2018 and submitted to CQC and the Department of Health and Social Care (DHSC) on 10 April 2018.

Progress against the plan is monitored by the DHSC through monthly telephone calls with the Director of Adult Services, Accountable Officer for Coventry and Rugby Clinical Commissioning Group and the Deputy Chief Executive (People) where available. The improvement plan is

owned by the Coventry Health and Wellbeing Board and this report provides an update on progress to date to enable the Board to maintain oversight of the plan.

4   Local system review – follow up process

On 10 October, local system leaders were advised by the Care Quality Commission that – at the request of the Secretaries of State for Health and Social Care and Housing, Communities and Local Government – they would be monitoring the improvement made in the local area since the local system review. This was not a further review and did not involve a site visit to the area. All of the 12 systems subject to a review in the first phase of the review programme were subject to this follow up action. Three systems received an on-site visit and the remaining nine, of which Coventry is one, were subject to a light touch review.

Reviewers advised that they would assess progress against the action plan, and hold telephone interviews with key people responsible for overseeing progress, as well as looking at the most recent available performance data for the following indicators:

1. A&E attendances
2. Emergency admissions
3. Emergency admissions from care homes
4. Length of stay
5. Delayed transfers of care
6. Emergency readmissions

The Coventry call took place on 10 December and following this we have received a draft slide deck summarising key areas of progress since the local system review. This feedback highlights the achievements and progress since the review in January 2018 (as demonstrated in the improvement plan update below) and reflects positively on the direction of travel, whilst acknowledging further work required in particular around clinical pathways and local workforce strategy.

Once finalised, the CQC have advised that they will share their findings with local system leaders and report them to the Department of Health and Social Care. However, the finalised slide deck will not be published.

The Place Forum was briefed on the key progress and challenges expected as a result of this follow up work at the session in November.

5   Local Health and Social Care System Coventry – Improvement Plan 2018

Progress against each of the actions has been reviewed, and a progress update is provided in the attached plan (appendix 1). Good progress continues to be made on many of the actions, however some actions have slipped in order to ensure effective stakeholder engagement. By March 2019, however, the work should be mainly complete and embedded into system improvements in programmes and activities thereafter.

A brief summary of progress and achievements to date against each theme is given below.

Section 1: Vision and strategy
The endorsed Place Design (high level system model) and revised Concordat are now being used across the system, so that all stakeholders are clear on the system strategy. The Director of

Public Health's Annual Report 2017/18 had a specific focus on our older population and asset-based system working to help people age well.

Progress has also been made on joint strategic planning and delivery, with Primary Care Networks and locality delivery models now established, the out of hospital delivery model being implemented, and work towards a place-based JSNA underway. An Integrated Care System roadmap has been developed to move the STP towards shadow ICS status and system governance is an agreed workstream of the roadmap.

Section 2: Engagement and involvement
There is an improved relationship between CCG and GP providers - a specific section in the CCG Commissioning Intentions on primary care priorities reflects engagement with members and stakeholders with an interest in primary care. An engagement programme on the 'I statements' for people who use Health and Social Care services is planned with Coventry Older Voices (COV) and Healthwatch Coventry, and these will be brought to the Board for formal endorsement, following this engagement, in April.

Section 3: Performance, pace and drive
Coventry and Warwickshire A&E Delivery Board are using a new system-wide urgent care dashboard on flow and capacity to monitor activity and inform action. A draft outcomes framework was considered by Coventry and Warwickshire Place Forum in November, to support mutual accountability and assurance as well as engagement and leadership on specific health and wellbeing priorities across the place. This requires further development and will be reconsidered by the Place Forum in March.

Section 4: Flow and use of capacity
Progress continues to be made in measures to reduce unavoidable admissions to hospital and ensure people are discharged promptly with appropriate support. Funding for a Care Homes Trusted Assessor post has been secured and will be recruited to early in the new year. Ambulatory pathways are now established and routinely monitored.

Section 5: Market development
A Market Position Statement was signed off on 11 October and this will underpin a market development plan for support and care service providers. There has been slight slippage on timescales for production of the plan, but several market development activities are in train. The CCG's intentions for long-term funding of Social Prescribing will be reviewed in January 2019. Discharge to Assess pathways are being evaluated, though the timescales for completion have been extended due to capacity.

Section 6: Workforce
A first draft of a system wide workforce strategy aligned to the STP Plan has been developed and is being taken through relevant governance stages. A plan will sit alongside this, enabling the Local Workforce Action Board to monitor and track evidence of impact.

Section 7: Information sharing and system navigation
In the previous report, this section was largely completed. The project to redesign the provision of the Adult Social Care front door has now completed the detailed design phase and implementation planning is commencing.

7   Conclusion

There is good evidence to support system progress since the local system review was completed. Nevertheless, the overall impact of these actions will, in many cases, take longer than

the time elapsed to take effect. Although good progress has been made to date, it is important that the completion of the improvement plan continues, to enable full Health and Wellbeing Board sign off in March 2019.

The key challenge for the health and care system remains turning the progress made into greater, and then sustained, improvement.

Report Author(s):

Name and Job Title:
Debbie Dawson – Policy and Partnerships Transformation Officer

Directorate:
People

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024 7683 3585
debbie.dawson@coventry.gov.uk

Enquiries should be directed to the above person.

Appendices

Appendix One: CQC review, Local Health and Social Care System Coventry Improvement Plan 2018 – Progress update January 2019

Care Quality Commission (CQC) Review

Local Health and Social Care System – Coventry

Improvement Plan 2018

Final Version - April 2018; Progress update January 2019

Background

On 4th December 2017, the Care Quality Commission commenced a local review of the Coventry health and social care system. The main review week took place between 22nd and 26th January 2018, with the Health and Wellbeing Board feedback summit taking place on 14th March 2018.

The Coventry Health and Well Being Board welcomes the opportunities provided by the review to improve the way Coventry supports people that come into contact with the health and care system. This Action Plan has been developed in response to the issues highlighted within the report following its publication of the Coventry on 15 March 2017 recognising that the improvement journey was underway before the review and will continue beyond it.

The issues highlighted within the report have been reviewed and themed under the following headings:-

1. Vision and strategy
2. Engagement and involvement
3. Performance, pace and drive
4. Flow and use of capacity
5. Market development
6. Workforce
7. Information sharing and system navigation

The development of this Action Plan has been led by Pete Fahy, Director of Adult Services, Coventry City Council with support from the following individuals identified in the HWBB summit on 14 March 2018:

- Coventry and Rugby Clinical Commissioning Group (CRCCG)
  - Jo Galloway, Director of Nursing
- Coventry City Council Council
  - Gail Quinton, Deputy Chief Executive
  - Ian Bowering, Head of Social Work Service (Prevention and Health)
  - Jon Reading, Head of Commissioning and Provision
- University Hospital Coventry and Warwickshire (UHCW)
  - Lisa Kelly, Chief Operating Officer
- Coventry and Warwickshire Partnership Trust (CWPT)
  - Tracey Wrench, Chief Nurse and Interim Chief Operating Officer

- Coventry University
  - Professor Guy Daly, Pro Vice Chancellor (Health and Life Sciences)

In addition to the above, Andrea Green – Accountable Officer (CRCCG) has input to the production of the action plan and is the Health and Well-Being Board lead for its production.

The Group has been supported in its development by Richard Humphries, Senior Associate from the Social Care Institute for Excellence.

This action plan has been developed to support focus and drive on areas of activity and improvement already in progress across the system, it is therefore very much interlinked with existing plans as opposed to creating a separate and standalone action plan. As required by the CQC review the action plan will be owned through Coventry's Health and Wellbeing Board with responsibility for delivery through the relevant identified body.

Overall progress and current position:

Prior to review of the Coventry system being announced, during the review period and beyond we have continued to work as a system to address the issues that are impacting on people receiving consistently good health and care services. The review has provided a welcome opportunity for an external view on the issues we are dealing with and how we are responding.

One particular measure we are proud of is our improvement in respect of Delayed Transfers of Care which has been achieved through taking a system approach as opposed to looking at the issue from a number of single agency perspectives. In the period between the announcement of the review and its commencement the position improved, the most recent data published for January 2018 shows continued improvement which is shown in Figure One (below).

Figure One: Delayed Transfer of Care to January 2017

Coventry DTOC April 2017 to January 2017
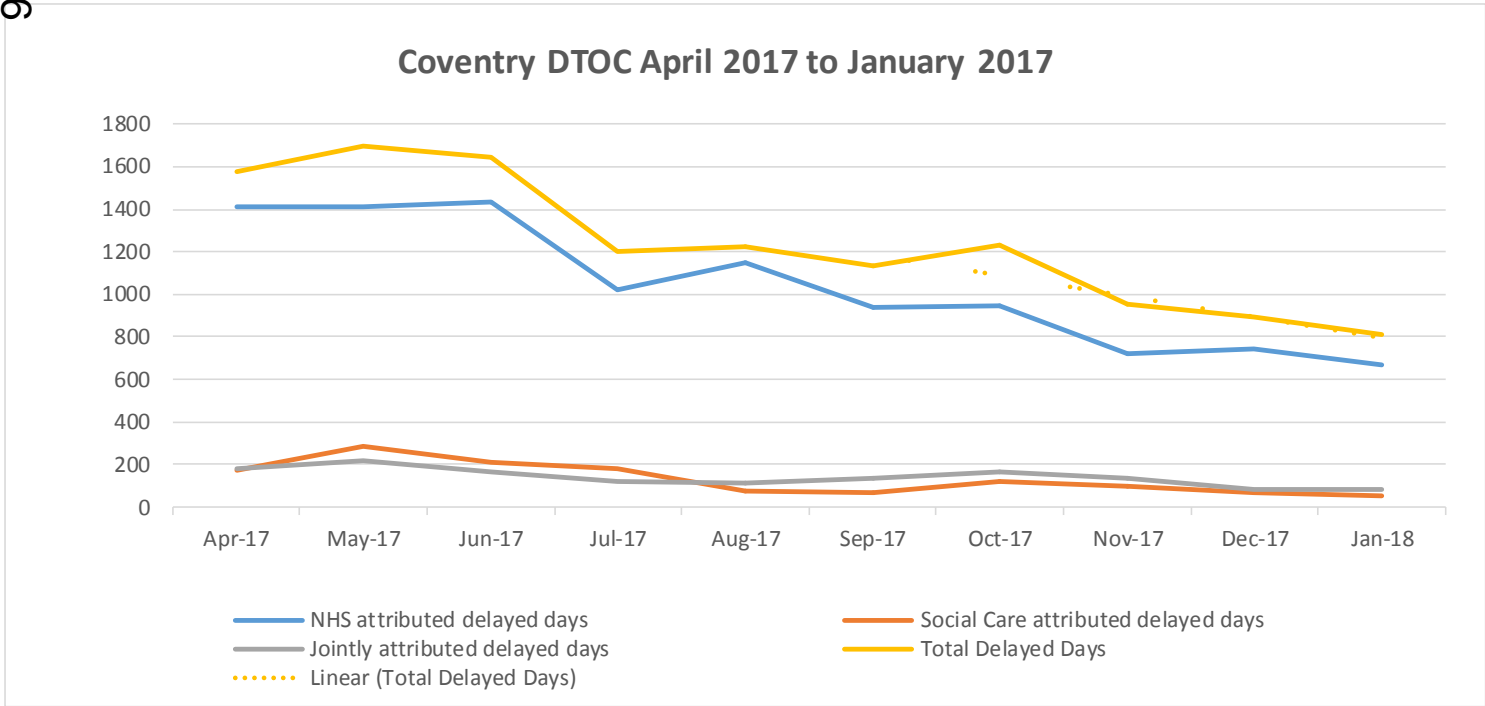
Although improving further from this position remains a key system objective much of our effort is placed into improving the system to prevent admissions in the first place and, where they occur, avoiding readmissions. The improvement in access to reablement (Figure Two and based on provisional data for 2017/18 pending completion of the Short and Long Term Statutory Return (SALT)) demonstrates this improvement.

Figure Two: Access to Reablement
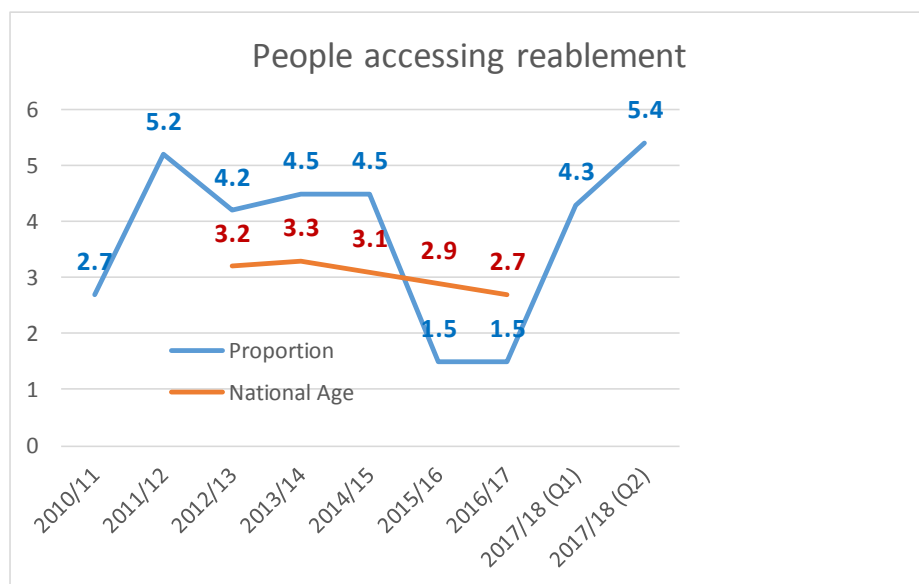
Despite the progress on Delayed Transfers of Care and Access to Reablement the Coventry system remains close to full capacity with A&E attendances, emergency hospital admissions and bed occupancy rates remaining high. This indicates that a focus on what happens when preparing for and achieving discharge is only part of the issue and is why many of the actions contained within this plan complement and add focus to the wider work taking place across the system to achieve our broader system aim of improving population health and reducing system demand across the board.

Specific examples of how we progressing this include our Upscaling Prevention programme and our 'year of well-being' which will provide some of the strategic impetus required to make a long term and sustainable difference in Coventry. These strategic approaches will be complemented by addressing a number of performance management, flow, market and workforce issues that the review identified and are contained within this plan.

We would of course welcome further feedback from CQC and/or Department of Health regarding how our plan could be further strengthened in order to achieve our ambitions at a faster rate.

Theme 1 – Vision and strategy

Lead responsibility – Coventry and Warwickshire Place Forum

Lead individual – Liz Gaulton, Director of Public Health, Coventry City Council

Outcomes we will achieve: Ensure a consistent vision and strategy across the Health and Social Care system with links to how it's delivered.

CQC Recommendations:

- Ensure there is effective joint strategic planning and delivery for the people of Coventry based on the current and predicted needs of the local older population, to include BAME and hard to reach groups, and which harnesses all the local assets available in the wider system.

- While acknowledging that there is a concordat between Coventry HWB and Warwickshire HWB, the system leaders in Coventry need to build on the concordat and become more engaged with the development of the STP's Better Care, Better Health, Better Value programme.

Theme 1 – Vision and strategy								
Action No.	Action required	Delivery Lead Organisation	System Governance Body	**Timescale**		Success measures	Progress to date	RAG rating
				From	To			
1.1	Develop a clear system strategy with a single supporting narrative for the whole system	Place Forum – Cov and Warks	Health and Wellbeing Board	ongoing	Sept 2018	All stakeholders are clear on the system strategy	System model agreed at Place Forum in July and supported by the STP Board. This has been reinforced by the DPH Annual Report 2017/18 (published October 2018), *Healthier for Longer: Securing healthier futures for*	

				Timescale				RAG rating
Action No.	Action required	Delivery Lead Organisation	System Governance Body	From	To	Success measures	Progress to date	
							our communities, which has a specific focus on our older population and asset-based system working to help people age well – ACTION COMPLETE	
1.2	Define the governance arrangements that exist between STP, HWBB and ICS so that reporting arrangements and decision making remits are clear	Place Forum – Cov and Warks	Health and Wellbeing Board	ongoing	March 2019	Written and agreed system governance protocols in place	System governance is an agreed workstream of Integrated Care System roadmap, ensuring the system governance arrangements are clear.	
1.3	Define the model for local integration of services within ICS policy framework	STP (Preventative and Proactive workstream)	STP Board	ongoing	June 2019	Clarity on what integrated health and care means for Coventry	Will be progressed through ICS development work	
	Develop the Coventry operating model for locality delivery so that all stakeholders are clear how the locality model will work operationally	STP (Proactive and Preventative workstream)	STP Board	ongoing	March 2019	Clarity on how the locality model will deliver on the ground following pilot work and review	Through Primary Care Networks (PCNs) we are engaging with OOH Place Based Teams (PBTs) to support delivery of a new	

| Action No. | Action required | Delivery Lead Organisation | System Governance Body | Timescale | | Success measures | Progress to date | RAG rating |
				From	To			
							locality operating model of care. We have established Multi Disciplinary Teams (MDTs) in PCNs and are engaging PCN leads and their practices in discussions about future development of ICS and the role of PCNs and general practice in a future ICS and new models of care within an ICS and under the OOH programme. We are also utilising CCG transformation funds to support primary care transformation, which supports new models of care, resilience in general practice, early intervention and	

Theme 1 – Vision and strategy

				Timescale				RAG rating
				Theme 1 – Vision and strategy				
Action No.	Action required	Delivery Lead Organisation	System Governance Body	From	To	Success measures	Progress to date	
							prevention and self care See also 1.5	
1.5	Clearly identify the geography for locality based services for populations of 30k-50k) as the vehicle through which to drive improvement and equitable in community based health and care	CRCCG	STP (Proactive and Preventative workstream)	ongoing	March 2019	Clear locations and geography in place for 30-50k	This is now business as usual the Cluster leads are meeting regularly with the Place Based Teams to co-ordinate care and take forward MDTs in each cluster. We have reviewed cluster development against the maturity matrix proposed by NHSE for PCNs and have identified that we have made good progress against the framework and have identified the actions / next steps to further progress through the PCN phases of maturity.	

				Timescale				
Action No.	Action required	Delivery Lead Organisation	System Governance Body	From	To	Success measures	Progress to date	RAG rating
							(We will now call our clusters PCN to reflect the national NHSE language going forward.) We have a schedule of meetings in place for all our PCN in Coventry and are in the process of identifying CCG staffing resource to be aligned to further support PCN going forward in addition to the existing support / investment offer the CCG already has in place for PCNs We will be undertaking an engagement exercise with our PCN's to ensure they are briefed on ICS developments and to ensure they	

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Theme 1 – Vision and strategy								
Action No.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							and their practices inform the development of PLACE and Integrated care going forward ACTION COMPLETED	
1.6	Development of Joint Strategic Needs Assessment on locality basis so the population needs being served by each locality are clearly understood	Coventry City Council	Health and Wellbeing Board	July 2018	March 2019	Locality based JSNA signed off by HWBB	Data in JSNA updated in January 2018. Work is underway to develop a new place-based JSNA – 8 localities (plus one citywide) have been approved by the Steering Group and plans are in place to deliver a data profiling tool and pilot asset-based JSNA in two localities by March 2019.	
	Develop the clinical strategy for the city including frailty so there is clarity on how clinical needs will be met	Coventry and Rugby CCG	Health and Wellbeing Board	ongoing	Sept 2018	Clinical Strategy signed off by BHBCBV Board	Clinical Strategy agreed by BHBCBV Board; engagement to be discussed. ACTION COMPLETED	

Theme 2 – Engagement and Involvement

Lead Responsibility – Engagement workstream of Better Care, Better Health, Better Value programme

Lead individual(s) – Lorraine Laing, Head of Programme Management Office, Coventry and Warwickshire STP and Jenni Northcote, Chief Strategy Officer, Coventry and Rugby and Warwickshire North CCGs (see specific actions below)

Outcomes we will achieve: Clear mechanisms in place for engagement with professionals and people who either use or may use services

CQC Recommendations:

- Create and deliver a joint public engagement strategy which includes how the system will reach seldom heard groups.

- Improve the working relationships between the CCG and GP providers.

- Develop a shared view of risk across health and social care by identifying forums where staff groups can come together, build relationships and identify ways to establish a consistent approach to the process of risk assessment and positive risk taking.

**Theme 2 – Engagement and Involvement**
Action no.	**Action required**	**Delivery Lead Organisation**	**System Governance Body**		**Timescale**	**Success measures**	**Progress to date**	**RAG rating**
				From	**To**			
2.1	Develop a set of 'I' statements with people who use Health and Social Care to form a benchmark for improvement, which are inclusive of all groups within the	STP (Communication and Engagement workstream) Lorraine Laing	STP	ongoing	Sept 2018	Set of 'I' statements agreed through co-production	'I statements' drafted following session with Coventry Older Voices and Healthwatch on 30 May. These continue to be tested with other	

				Theme 2 – Engagement and Involvement				
Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	city						forums with a view to taking to HWBB for endorsement in April 2019. ACTION COMPLETED with further work underway to ensure full adoption and use by partners.	
2.2	Engage with GPs through locality and membership forums to understand the issues impacting on effective partnerships with GPs.	CRCCG Jenni Northcote	CRCCG	ongoing	Sep 2018	Understanding of issues and agreed actions to address where appropriate	There is a nominated GP clinical lead and a co-ordinator for each of the new GP clusters, which come together as groups of practices to work on specific joint priorities and resilience issues. Each Cluster Lead has a nominated Governing Body Clinical lead link – so issues can be	

				Theme 2 – Engagement and Involvement				
Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							raised through the CCG governance at our clinical executive group. Cluster Leads are also members of the CCG Primary Care Development Group which is a forum for raising issues / concerns and feeding back views from local GPs. ACTION COMPLETE	
2.2.1	Following completion of action 2.2 to develop a set of measures to understand if the relationship is improving	CRCCG Jenni Northcote	CRCCG	ongoing	September 2018	GP and CRCCG both able to evidence improvements in relationship	The CCG have reviewed stakeholder engagement plans and are utilising the cluster arrangements, Protected Learning Time and specific	

	Theme 2 – Engagement and Involvement							
Action no.	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**	**RAG rating**
				From	**To**			
							forums where Cluster Leads represent their constituent practices to improve communication and build primary care engagement. They have established regular meetings with LMC as the representation for general practice delivery of primary care contracts. There is a specific section in the new Commissioning Intentions on primary care priorities which reflect engagement with	

Theme 2 – Engagement and Involvement								
Action no.	Action required	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							members and stakeholders with an interest in primary care. ACTION COMPLETE	(green)
2.3	Engaging Health & Social Care professionals in developing consistent approach to management of risk and embed this in practice	Local Workforce Groups Lorraine Laing	Local Workforce Action Board	Ongoing	March 2019	A single risk management framework and evidence of this in multi-disciplinary settings/place based teams	Local STP partners have their local workforce strategies in place. Risks will therefore be managed in association with this locally. From a system wide perspective, LWAB will be pulling a STP workforce strategy together and will look to develop a single risk management framework (and risk register) to ensure active risk management at LWAB/system level. This will	(amber)

				Theme 2 – Engagement and Involvement				
Action no.	**Action required**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**	**RAG rating**
				From	**To**			
							ensure the monitoring of mitigating actions and subsequent solutions.	

Theme 3 – Performance, pace and drive

Lead Responsibility – as described in actions

Lead individual(s) - Pete Fahy, Director of Adult Social Care and Liz Gaulton, Director of Public Health and Wellbeing, Coventry City Council

Outcomes we will achieve: Delivery of agreed change programmes in a timely way.

CQC Recommendations:

- Ensure system wide performance data is used to drive improvements, implementing solutions and setting targets in which all parts of the system have a shared responsibility, and providing opportunities for collaborative reflection and learning

				Timescale				RAG rating
Action no.	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**From**	**To**	**Success measures**	**Progress to date**	
3.1	Establish system-wide data set / dashboard on flow into and out of hospital and capacity of services supporting step up and discharge	A&E Delivery Group Pete Fahy	STP (Urgent and Emergency Care)	ongoing	Sept 2018	Fully operational dashboard of key indicators of flow and capacity to monitor activity / inform action	Dashboard in place and being used – ACTION COMPLETE	
3.2	Establish a system-wide Performance dashboard to monitor progress in the delivery of	CRCCG linking with partners	Health and Wellbeing Board	Not yet commenced	Dec 2018	System wide focus on key areas of strategic delivery enabling pace and drive to be maintained	Coventry and Warwickshire Place Forum considered a draft outcomes framework and	

	agreed vision and strategy	Liz Gaulton						performance dashboard in November 2018. Further areas for development were identified and a revised version will be considered by the Place Forum in March 2019.	
3.3	CQC Local System Review Action Plan to be monitored, on an ongoing basis, by the HWBB.	Health and Wellbeing Board Liz Gaulton	Health and Wellbeing Board	ongoing	June 2018	Delivery of action plan delivered with appropriate escalation to unblock areas of non-delivery	Update provided to each HWBB with the aim for full sign off in March 2019 - ACTION COMPLETE	

Theme 4 – Flow and use of capacity

Lead Responsibility – Coventry Accident and Emergency Delivery Group

Lead individual(s) – Lisa Kelly, Chief Operating Officer, UHCW and Pete Fahy, Director of Adult Social Care, Coventry City Council

Outcomes we will achieve: Reducing unavoidable admissions to hospital. For those who need to be admitted to ensure that people only stay in hospital for as long as they need to and, when ready to leave, are discharged promptly with appropriate support.

CQC Recommendations:

- Reduce numbers of avoidable admissions from care homes by extending successful initiatives such as the React to Red scheme, introducing pharmacist led medication reviews and increasing coverage of GP input into care homes.

- Ensure discharge planning is started at the beginning of a person's journey through hospital and remains a key focus during their stay. 'Red and green bed days' to be implemented and embedded across all wards. Care home and home with care providers to be involved in discharge planning at an early stage of the person's stay in hospital.

- Improve the processes around medicines on discharge to reduce delays and improve the safety of those who have been discharged to care homes.

- Improve the ability to discharge patients from hospital at weekends by increasing senior clinical decision makers and ensuring the presence of the discharge teams at weekends.

- Increase the utilisation of trusted assessors in each D2A pathway to improve the speed of transfers from hospital by increasing provider's confidence. Include in any jointly developed protocol for assessments and the review process, a clear feedback mechanism for learning and improvement.

Theme 4 – Flow and use of capacity							
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
4.1	**Support to care homes** Increase coverage of dedicated GP support into care homes through implementation of the Care Home Enhanced Support (CHES) scheme	CRCCG	STP (Urgent and Emergency Care)	Complete	Complete	Increase coverage above current level of 66% of care homes Reduction in avoidable admissions, readmissions and improved DTOC	Commissioned service with GPs to commence 1 April 2018. 90% of homes supported within the scheme. Evidence of reduced admissions from care homes.– ACTION COMPLETE	
4.2	**Support to care homes** Care home and housing with care providers to be involved in discharge planning at an early stage of the person's stay in hospital	CRCCG	STP (Urgent and Emergency Care)	Ongoing	Ongoing	Evidence of early involvement by care providers in discharge planning working with IDT in UHCW Improved weekend discharges to care homes including new residents	IDT, Social care, Commissioners and providers under took a joint workshop to outline areas of improvement. An Action plan has been devised and work undertaken. CHES scheme in place and being extended, which enhances support to care homes to avoid unnecessary admissions and	

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			Theme 4 – Flow and use of capacity					
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							facilitate timely discharges. Incentive scheme for weekend and same day discharges to be trialled over winter with providers.	
4.3	**Support to care homes** Implement Red Bag scheme	AJCB	STP (Urgent and Emergency Care)	Ongoing	September 2018	Red Bag scheme in place for identified cohort Reduction in avoidable admissions, readmissions and improved DTOC	Red Bag scheme launched on 7 August 2018 and to be further developed based on learning – ACTION COMPLETE	
4.4	**Increase coverage and effectiveness of 'Red to Green'** 'Red to Green bed days' to be implemented and embedded across all wards and into D2A community settings	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	October 2018	Increase coverage within wards at University Hospital Overall reduction in lengths of stay / improvement in DToC	"Red to Green" in place across all adult inpatient wards. Patient status at a glance board monitored via central data programme and "Red to Green" data being used to support innovations across the Trust. "Red to green" tested in community reablement settings but weekly MDTs evaluated as more appropriate in those	

				Timescale				
Action no.	Actions	Delivery Lead Organisation	System Governance Body	From	To	Success measures	Progress to date	RAG rating
							settings in reviewing progress being made by individuals and ensuring the service is focused and productive. ACTION COMPLETED	
4.5	**Increase coverage of Trusted Assessor** Increase care home provider's confidence in assessments completed e.g. by reviewing trusted assessment approach and evaluating need for Care Home Assessor post	CRCCG and CCC via A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	November 2018 Now revised to March 2019	Understanding factors to improve care home confidence leading to reduced number of refusals and delays attributable to care homes	In place for some providers in P2. Trialled in 2 care homes Pathway 3. Further Trusted Assessor scheme being reviewed in P3 where IDT is trusted assessor for CCG. Care Home Trusted Assessor post funding agreed; positioning and sourcing of the post to commence. Timescale to recruit by March 2019	
	Improving Discharge Review role of Community Discharge Hub to ensure continued effectiveness and	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	June 2018	August 2018	Review complete with proposals for future development Overall reduction in lengths of stay / improvement in DToC	Review complete which demonstrated efficacy of approach, contributed to sustained improvement in DToC and will continue - ACTION COMPLETE	

Theme 4 – Flow and use of capacity							
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
	clear mechanisms in place for learning and improvement							(green)
4.7	**Improving Discharge** Review what is required to deliver 7 day services to impact on weekend discharges e.g. Increase senior clinical decision makers at weekends Presence of the discharge teams at weekends	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	May 2018	March 2019	Resourced plan implemented to deliver 7 day discharges leading to increased discharge activity at weekends without impacting on Mon-Fri activity	Adult Social Care and UHCW are undertaking a review of the costs, benefits and impacts of moving to 7day services. For weekend discharges to be improved significantly, all areas need to contribute. UHCW continues to make good progress towards 7DS provision along many paths, including the 10 Clinical Standards.	(amber)
4.8	**Prevention, Ambulatory Care, Zero length of stay** Review of ambulatory care pathways redirecting /	A&E Delivery Group - Coventry	STP (Urgent and Emergency Care)	Ongoing	April 2019	Overall reduction in number of admissions	Ambulatory Emergency Care (AEC) and Surgical Ambulatory Emergency Care (SAEC) pathways now in place, and activity is monitored	(green)

Theme 4 – Flow and use of capacity							
Action no.	**Actions**	**Delivery Lead Organisation**	**System Governance Body**	**Timescale**		**Success measures**	**Progress to date**	**RAG rating**
				From	**To**			
	supporting patients with alternative sources of support i.e. falls prevention and Back Home Safe and Well						through the Integrated Urgent Care Recovery Plan and reviewed at 2-weekly Emergency Care Improvement Board. Pathways communicated through the GP Gateway. Monitoring against the agreed metric is in place and on track for fully embedding the pathways by April 2019. ACTION COMPLETED	

Theme 5 – Market development

Lead Responsibility – Adult Joint Commissioning Board

Lead individual – Jon Reading, Head of Commissioning and Provision, Coventry City Council

Outcomes we will achieve: Ensuring the right level of market capacity and optimising its utilisation.

CQC Recommendations:

- Roll out and evaluate a programme of social prescribing.

- Identify and supply the necessary support needed for care homes to accept weekend discharges for new residents – *see actions under flow and use of capacity.*

Theme 5 – Market development								
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
5.1	Refresh Market Position Statement and utilise with support and care service providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Sept 2018	Market position statement published with associated provider engagement	Market Position Statement signed off on 11 October 2018 and provider engagement planned. ACTION COMPLETE	🟩
5.2	Produce a market development plan for support and care service providers in consultation with providers	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Dec 2018	Market development plan in place and shared	Action underway as was dependant on completion of 5.1 above. Sign off in March 2019. Although plan production has slipped, several market development activities are in train for care homes, housing with care, Supported Living and	🟧

					Theme 5 – Market development			

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							Day Opportunities.	
5.3	Evaluate programme of social prescribing and then rollout. (dependent on outcome of evaluation)	Adult Joint Commissioning Board Collaborative Commissioning Board		Ongoing	Mar 2019	Evaluation complete and optimum social prescribing capacity in place	The current Social Prescribing provider in Coventry is now working with all of the newly established GP Clusters to develop a service model with the aim of ensuring social prescribing is embedded at the heart of Primary Care, with further work to align the service with Placed Based Teams as they are evolved as part of the Out of Hospital work programme. Current work taking place with the GP Clusters will be reviewed in the New Year, to help inform future intentions. The CCG has not committed to long term funding of Social Prescribing and the current contract expires in March 2019. In the current financial climate, a strong case still needs to be made that it is offering value for money in terms of the number of referrals and outcomes for	

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							patients.	
5.4	Evaluate D2A pathway provision to ensure it remains fit for purpose	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	July 2018	Optimum and sustainable D2A provision in place	Pathway 1 reviewed and incorporates extended Promoting Independence Service. Evaluation of Pathway 2 to be reported to Adult Joint Commissioning Board in December. A more detailed review of therapy input to pathways has commenced. Pathway 3 evaluation scoped but due to capacity the timescales for completion of this are being reviewed.	
5.5	Develop step-up capacity to support people more effectively in the community	Adult Joint Commissioning Board	Collaborative Commissioning Board	Ongoing	Mar 2018	Increased step up capacity in place to assist with management of system demand	Capacity in place. Will be extended to people with change in needs – ACTION COMPLETE	

Theme 5 – Market development

Theme 6 – Workforce

Lead Responsibility – Local Workforce Action Board

Lead individual – Lorraine Laing, Head of Programme Management Office, Coventry and Warwickshire STP

Outcomes we will achieve: A clear approach to ensuring how the local workforce will be developed to meet population needs for health and care

CQC Recommendations:

- Develop a strategic plan for the health and social care workforce in Coventry linked to the STP's wider Better Care, Better Health, Better Value programme that takes account of the national health and social care workforce strategy (once developed)

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
6.1	Develop system wide workforce strategy to support delivery of strategy and vision	Local Workforce Action Board	STP Board	Ongoing	Mar 2019	Clear and resourced workforce strategy in place	Work underway through Local Workforce Action Board but in its early stages. A first draft has been developed and is being taken through relevant governance stages. Organisations have shared their strategies and this will support the development of a system wide workforce strategy which will be aligned to the STP Plan. Work in progress.	

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Theme 6 - Workforce								
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
6.2	System wide training and development plan to cover issues including: Risk management Shared assessment Care support provider skills	Local Workforce Action Board	STP Board	Ongoing	Mar 2019	Training programme developed, delivered with evidence of impact	Currently looking at different ways to ensure workforce supply across our LWAB/STP. A plan will be pulled together to enable LWAB to monitor and track evidence of impact. The plan will be in line with the STP workforce strategy and risks will be monitored by LWAB. Work in progress	

Theme 7 – Information sharing and system navigation

Lead Responsibility – Digital Transformation Board

Lead Individual(s) – Marc Greenwood, Head of Business Systems, Coventry City Council

Outcomes we will achieve: Improved accessibility of information for people accessing care and support and professionals

CQC Recommendations:

- Accelerate the delivery of the Digital Transformation Board to provide digital interoperability and shared care records across the system.

- Provide a single point of access health and social care navigation system for people and carers to easily find the support and advice they need.

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
7.1	Improve Adult Social Care "front door" to enhance accessibility of information and advice	CCC	Digital Transformation Board	Underway	Ongoing	Reported improvement in accessibility of information and advice (ASCOF)	A project is underway to redesign the provision of the Adult Social Care front door. This phase of work will create the detailed design of a new operating model. This project is

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	**To**			
							being supported by Capita who are providing external expertise to challenge existing practices and introduce a model of effective front door interventions. The redesign of services will align with improvements to models of social work practice, with the introduction of strengths based practice. The detailed design phase is now complete and implementation planning commencing.	
7.2	Consolidate CWPT access points into Integrated Single Point of Access (ISPA)	Out of Hospital Design Board	Proactive and Preventative workstream of STP	Underway	September 2018	Health ISPA implemented	CWPT have implemented their ISPA. Work is ongoing to	

| | | | | Theme 7 – Information sharing and system navigation | | | | |

Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							establish closer links between the CWPT ISPA and the Council front door with the objective of providing a more co-ordinated response to people requiring support. ACTION COMPLETE but further work to do.	(green)
7.4	Undertake interoperability scoping workshop across Coventry and Warwickshire system partners to identify ideas and opportunities for improving system flow.	Digital Transformation Board	STP Board	underway	Sept 2018	Clear plan agreed by partners on how to improve with timescale for delivery	An interoperability workshop was held in May and action plans to improve this area are being developed by health and social care technology leads. A refresh of the Local Digital Roadmap has taken place and will be available by	(green)

Theme 7 – Information sharing and system navigation							
Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							early October. The roadmap covers ideas for standardising the ICT capability of health and care partners whilst introducing opportunities for system interoperability. ACTION COMPLETED	
7.5	Hold Assistive Technology workshop to develop shared Coventry and Warwickshire strategy that supports delivery of health and social care priorities.	Coventry City Council	Digital Transformation Board	underway	Sept 2018	Wider use of technology to support health and care	A system wide Assistive Technology workshop was held in May, the output of which is leading to the development of targeted areas of work that will test out the use of assistive technology to reduce demand on traditional models of care. After the	

				Timescale				RAG rating
Action no.	Actions	Delivery Lead Organisation	System Governance Body	From	To	Success measures	Progress to date	
							successful delivery of the AT workshop the CCC team have been designing an AT strategy that will encompass the full adult social care customer journey. This will be shared with partners involved at different parts of the journey to ensure opportunities for joint working are capitalised. ACTION COMPLETED	
7.6	Undertake review of existing Information Governance support and guidance arrangements to ensure processes are simplified.	Sub regional Information Governance group	Digital Transformation Board	underway	Sept 2018	Clear information governance arrangements in place	The review of processes relating to informing IG responsibilities and requirements for health and care projects has been undertaken. The changes are being monitored to ensure processes effectively support	

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Action no.	Actions	Delivery Lead Organisation	System Governance Body	Timescale		Success measures	Progress to date	RAG rating
				From	To			
							system wide projects. ACTION COMPLETED and work ongoing to ensure changes are embedded.	

Abbreviations:

CRCCG	Coventry and Rugby Clinical Commissioning Group
CCC	Coventry City Council
UHCW	University Hospital Coventry and Warwickshire
CWPT	Coventry and Warwickshire Partnership Trust
AJCB	Adult Joint Commissioning Board
DTB	Digital Transformation Board
LWAB	Local Workforce Action Board
STP	Sustainability and Transformation Programme
BCBVBH	Better Care, Better Value, Better Health (the local STP programme)
ECIP	Emergency Care Improvement Partnership
MDT	Multi-Disciplinary Team
CHES	Care Home Enhanced Support
ISPA	Integrated Single Point of Access
JSNA	Joint Strategic Needs Assessment